

Name

in  
Full

Annie May Aeferman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Baltimore <sup>Town</sup> Baltimore <sup>County</sup> MARYLANDDate of death 1906 <sup>Month</sup> Sept <sup>Day</sup> 28 <sup>Years</sup> 11 Months — Days —Sex Female Color or Race Colored Birth-place MaOccupation — Where Residing if not at place of death —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

Francis Munn

## CAUSES OF DEATH

Primary Acute Pulmonary Tuberculosis

How long

2 moImmediate Cholera & Typhoid fever

How long

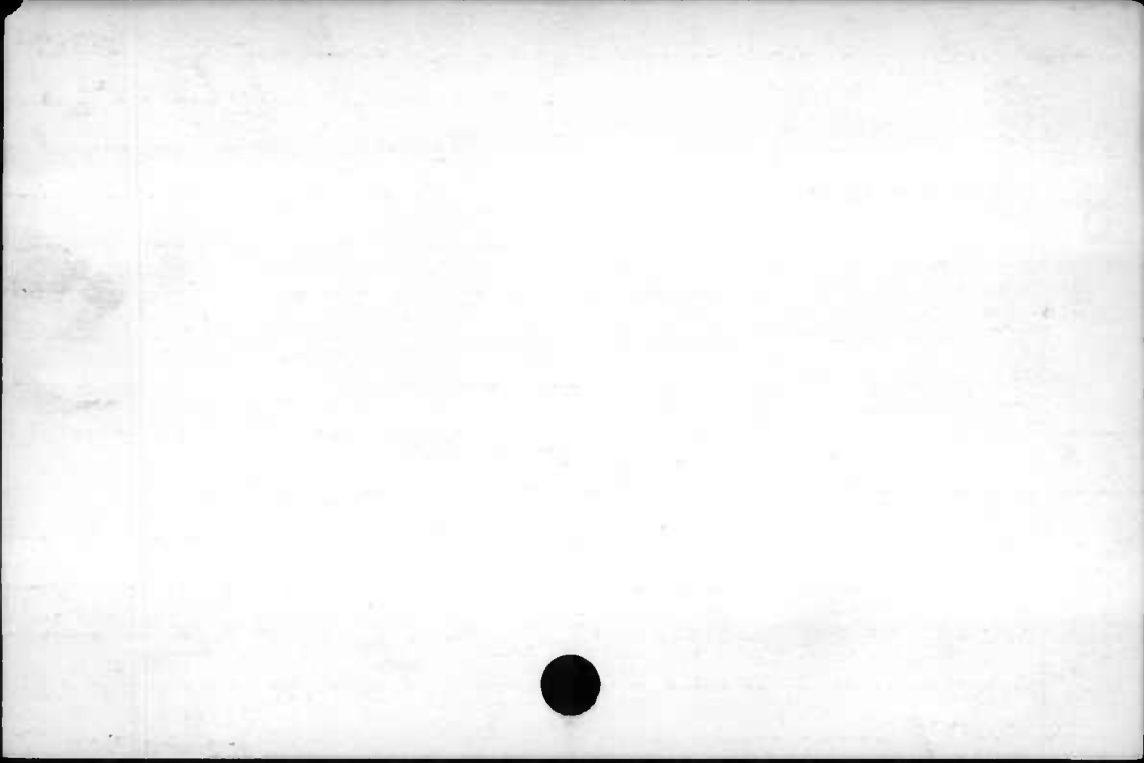
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. V. Mace  
Baltimore

Accident or Suicide?



Name  
in  
Full

Francis H. Ady

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hydes* Town*Baltimore* CountyDate of death *1906* Month *Sept.*Day *30*Age *25* YearsMonths *5*Days *5*Sex *Male*Color or Race *White*Birth-place *Maryland*Occupation *Painter*Where Residing if not  
at place of deathMarried, Single or Widowed *Single*Name of Wife or  
HusbandFather's Name *Benj. W. Ady*Father's Birthplace *Maryland*Mother's Maiden Name *Annie E. Parlett*Mother's Birthplace *"*Name of person giving  
Information *Annie E. Ady*How related  
to deceased *Mother*

## CAUSES OF DEATH

Primary *Tuberculosis "Pulmonary"*How long *6 months*Immediate *"**"*Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*J. F. H. Gersuch*

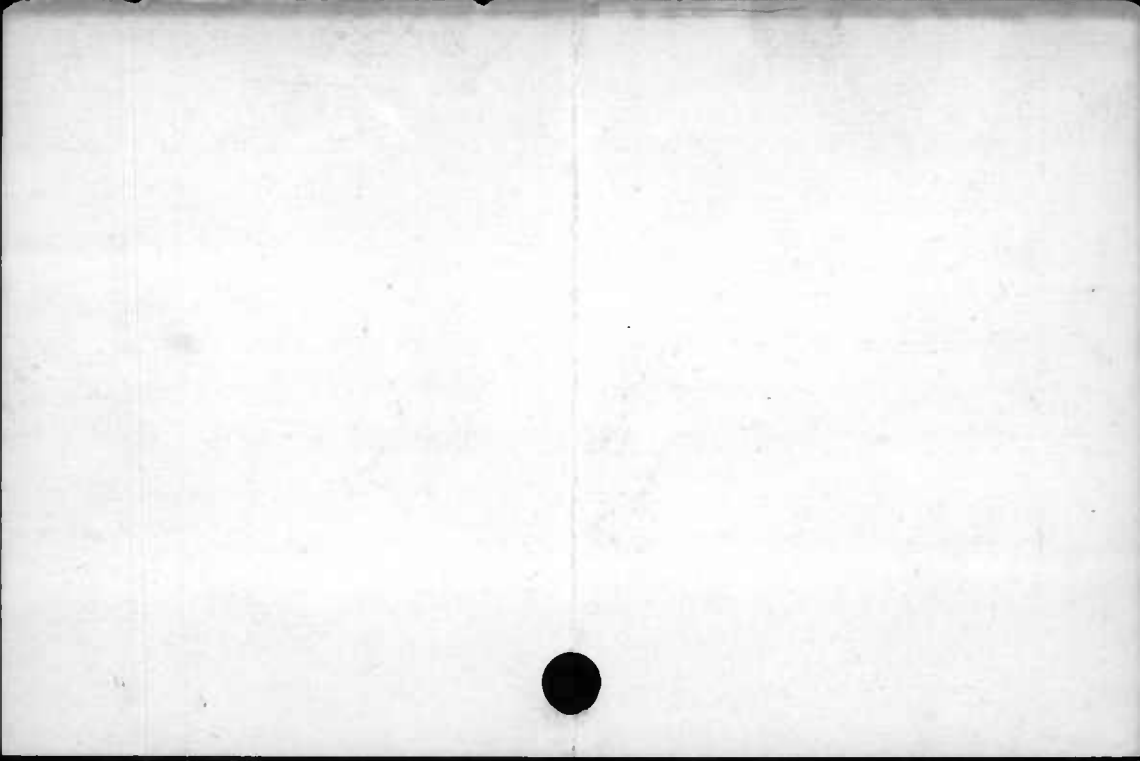
Address

*Fork**Ind-*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

## CERTIFICATE OF DEATH

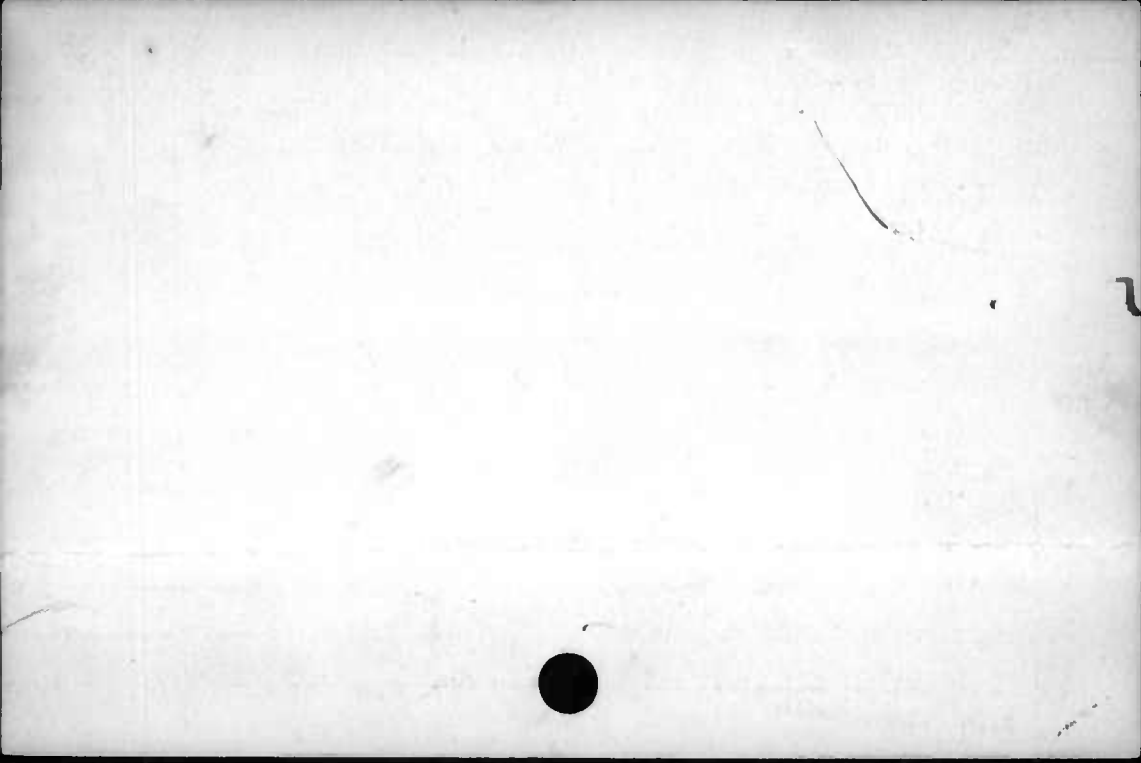
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Vesta Amy

Town

County

Died at

Arlington

Balto..

MARYLAND

Date 1906

Month Sept. Day 28

Age

Y.

M.

D.

Native of

Occupation

- - 40 house

Balto. City

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Calvin Z. Amy Jr.

Mother's

Maiden Name

Edna J. Amy  
Griffiths

Cause of

Primary

Premature Birth

Death

Immediate

Alactasia

151

How long sick

Lifetime

~~Accident, Suicide, Homicide~~

Reported by

Wm. Grant M.D.

2104 W. North Ave. Balto City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name

in Full

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

## CERTIFICATE OF DEATH

Name in Full <i>Somerville Anderson</i>		Town <i>Arlington</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Arlington</i>		Month <i>Sept.</i>		Day <i>13</i>		Age <i>57</i>	
Date of death 190 <i>6</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Married, Single or Widowed <i>Widower</i>		Occupation <i>Electrician</i>					
Name of Wife or Husband <i>Virginia Russell Anderson</i>							
Father's Name <i>Joshua Anderson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Susan Phelps</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Gordon Anderson</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary <i>Contact with electric light wire.</i>	How long <i>17</i>
Immediate	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician or Coroner <i>H. Holliday Emich</i>
	Address <i>Arlington, Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/> Suicide?	

Permission given to remove  
body by authority of Dr.  
H. L. Naylor rec'd over  
phone.

H. Holiday Enrich.

1422 Lexington

Name  
in  
Full

Ella Edna Ayers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Summerfield Town Balto County MARYLAND

Date of death 1906 Sept. Month 17 Day Age 13 Years 1 Months 19 Days

Sex Female Color or Race (Cal) Birth-place W.D.

Occupation Child Where Residing if not at place of death Summerfield

~~Single~~ ~~Widow~~ ~~Husband~~

Father's Name David Ayers Father's Birthplace W.D.

Mother's Maiden Name Mary Jane Hawthorn Mother's Birthplace W.D.

Name of person giving information Mary Jane Hawthorn Ayers How related to deceased Mother

## CAUSES OF DEATH

Primary Typhoid fever How long 3 weeks

Immediate Uterine hemorrhage How long 2 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. Gayles

Address W.D.

~~Accident or Suicide?~~

Zion Cemetery Song Green

John Burns Song  
Towers

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dickysville</i> <small>Town</small>		<i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Sept</i> <small>Month</small>	<i>15</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>24</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dickysville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
<del>Married, Single or Widowed</del> <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert L Ball</i>		Father's Birthplace <i>Howard Co Md</i>			
Mother's Maiden Name <i>Elizabeth Buskheit</i>		Mother's Birthplace <i>Balto Md</i>			
Name of person giving information <i>Robert L Ball</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Macanum</i>	How long <i>3 months</i>
Immediate <i>General debility</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. C. Smith</i>
<i>Yes</i>	Address <i>Woodburn St</i>
Accident or Suicide?	

Ridge Cemetery

Jos B Cook

Name

in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Alexander Ballantine* Town *Highlandtown* County *Baltimore* MARYLAND

Died at *Highlandtown* *Baltimore*

Date of death *1906* Month *9* Day *27* Age *11* Years *5* Months *13* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *249 Lombard St Ex*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Alex G Ballantine* Father's Birthplace *Md*

Mother's Maiden Name *Clara Saunders* Mother's Birthplace *Va*

Name of person giving information *Alex G Ballantine* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Hemorrhage of Brain due to injury* How long *3 days*

Immediate *Paralysis of heart*

Are the name, age, sex, color, date and place correctly given above? *Yes*

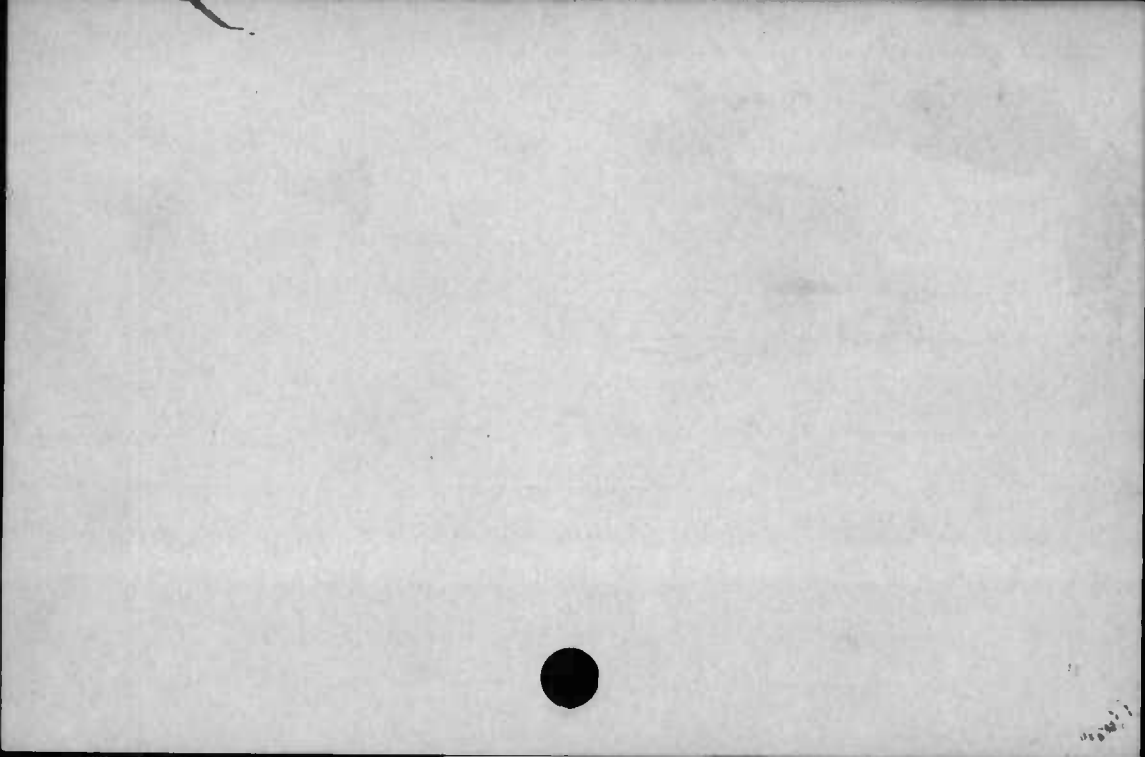
Signature of Physician

Address

*J. H. Schepfer*  
*1400 First St,*  
*Highlandtown*

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

William Barnett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Gorans</i> Town		<i>Balto</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>28</i>	Age <i>88</i>	Months	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation			Where Residing If not at place of death <i>Elyad A. Barnett</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>William Barnett</i>			Father's Birthplace <i>Garten Md</i>		
Mother's Maiden Name <i>Sarah Muliken</i>			Mother's Birthplace <i>Garten Md</i>		
Name of person giving Information <i>Henrietta Luck</i>			How related to deceased <i>Daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	<i>154</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>		How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Deane</i>	<i>Gorans town Md</i>
	Address	
Accident or Suicide?		

Please grant permit  
to bury in Mt Olivet  
Cemetery City

Stewart Mowen Co.

Sept 29<sup>th</sup> 1906

Name  
in  
Full

Mrs. Frances Barrett

## CERTIFICATE OF DEATH

MARYLAND

Died at *Fulcrum* Town*Bucks* CountyDate of death *1906 Sept.*Day *8*Age *70* Years

Months

Days

Sex *Female*Color or Race *negro*

Birth-place

Occupation *house wife*

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

*anna hanson*How related to deceased *aid of last rites*

## CAUSES OF DEATH

Primary

*Mitral Insufficiency*

How long

*Several years*

Immediate

*Failure Compensation*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*Leigard Whitford  
Fulcrum, Md.**To best of my knowledge*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OF CORONER  
1

Ent Laurel Cent.

Belair Road

Geo W. Gramm  
undertaker

Name  
in  
Full

Fredericks W. Bast

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death	<u>1906</u>	Month	<u>Sept.</u>	Day	<u>19</u>
Age		<u>2</u>	Years	<u>4</u>	Months
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind.</u>
Occupation	<u>None</u>		Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>_____</u>			
Father's Name	<u>John Bast.</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>Elizabeth Kutschenreuter</u>			Mother's Birthplace	<u>Germany</u>
Name of person giving information	<u>John Bast</u>			How related to deceased	<u>Father</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u>	How long	<u>3 days.</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>few hours.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes.</u>	Signature of Physician	<u>Dr. J. A. Glantz</u>
		Address	<u>41 Eastern Ave. Et.</u>
Accident or Suicide?			

Sacred Heart Cemetery

Sept. 20<sup>th</sup> 1906

Germanus Franer

Under later

Name  
in  
Full

## CERTIFICATE OF DEATH

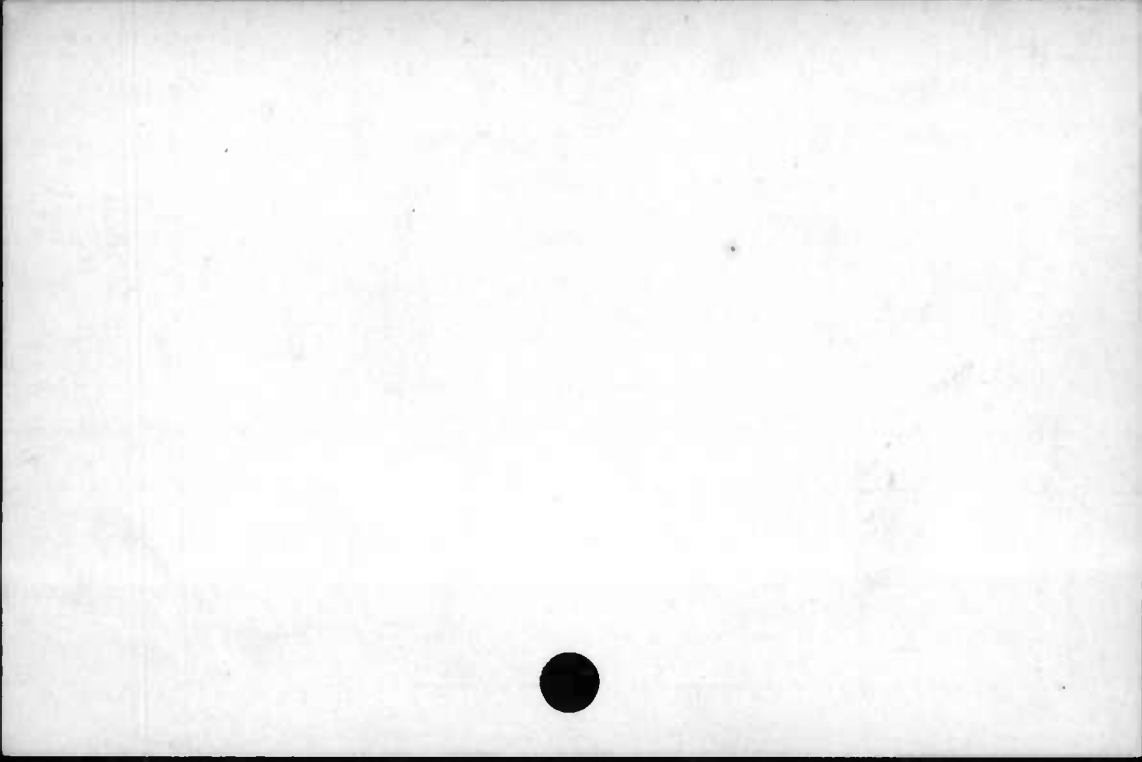
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Resurrection</u> <sup>Town</sup>		<u>Bellinger</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Feb</u>	Day <u>5</u>	Age <u>24</u> <sup>Years</sup>	Months <u>9</u>	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Resurrection</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u></u>		
Name of Wife or Husband <u>Katie Bellinger</u>					
Father's Name <u>James Bellinger</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>K. Brown</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Franklin De G. Bell</u>			How related to deceased <u>none</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Self</u>	How long <u></u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Franklin De G. Bell</u>
	Address <u></u>
Accident or Suicide?	





Name  
in  
Full

Helen Rosella Belt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Bentley* Town*Balto* CountyDate of death *1906*Month *9*Day *8*Age *6* YearsMonths *7*Days *2*

Sex

*female*Color or  
Race*White*Birth-  
place*Bentley*

Occupation

Where Residing if not  
at place of death*Bentley*Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*Louis H. Belt*Father's  
Birthplace*md*Mother's  
Maiden Name*Laura J. Mashaw*Mother's  
Birthplace*md*Name of person giving  
In formation*Louis H. Belt*How related  
to deceased*father*

## CAUSES OF DEATH

Primary

*Typhoid Fever*

How long

*4 weeks*

Immediate

*Intestinal Hemorrhage*

How long

*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*R. B. Horn*

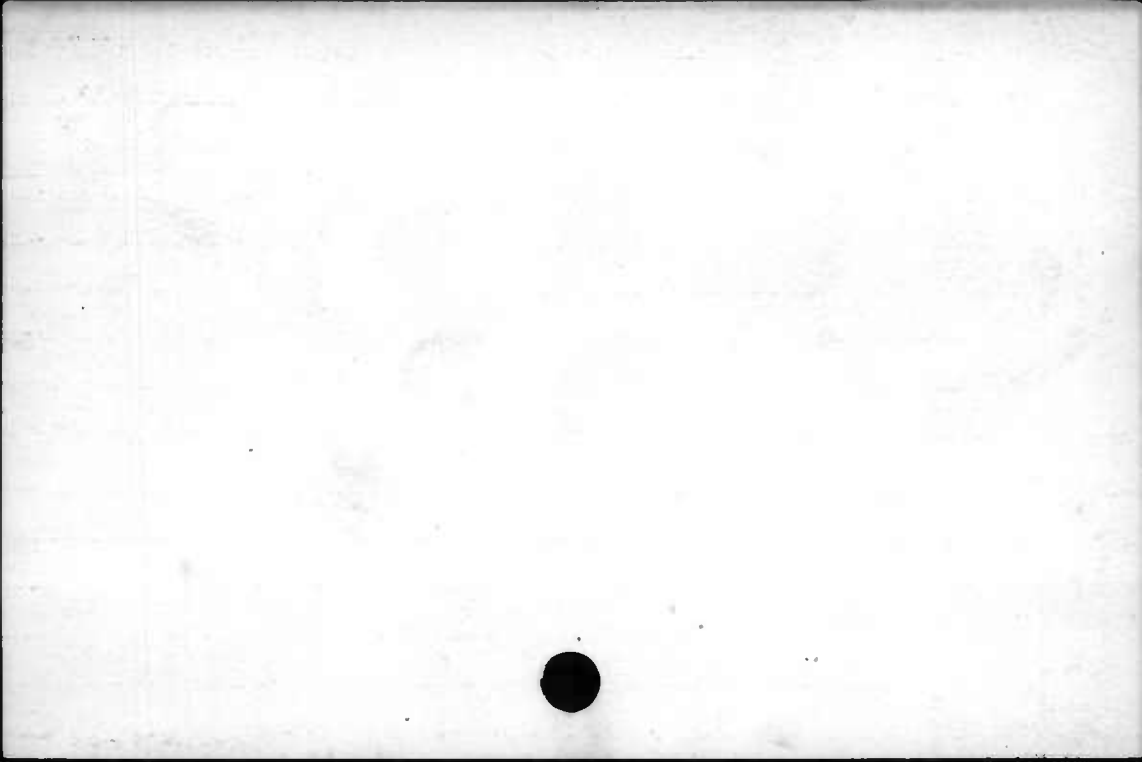
Address

*Parkton**md*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

William Beyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Canton</b> <small>Town</small>		<b>Baltimore</b> <small>County</small>		<b>MARYLAND</b>	
Date of death <b>1906</b>	<b>Sept.</b> <small>Month</small>	<b>10</b> <small>Day</small>	<b>6</b> <small>Years</small>	<b>Months</b>	<b>Days</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Balto. Co. Md.</b>		
Occupation <b>None</b>			Where Residing if not at place of death _____		
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband _____			
Father's Name <b>John Beyer</b>			Father's Birthplace <b>Md.</b>		
Mother's Maiden Name <b>Mary Schroll</b>			Mother's Birthplace <b>Md.</b>		
Name of person giving information <b>John Beyer</b>			How related to deceased <b>Father</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Typhroid fever</b>	How long <b>18 days</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>A. Warner</b>
	Address <b>1120 Highland</b>
Accident or Suicide?	

Sacred Heart Cemetery

Sept. 12<sup>th</sup> 1906

Germanus Franke

Undertaker

Name  
in  
Full

Emilie Boesch.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Highlandtown

Baltimore County

Date of death 1906 9

Day 22

Age 75

Months

Days

Sex Female

Color or Race

White

Birth-place

Germany

Occupation

Housewife

Where Residing if not at place of death

1301 Fifth St.

Married, Single or Widowed

Widow

Name of Wife or Husband

Father's Name

Father's Birthplace

Germany

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

John. Boesch

How related to deceased

Son

## CAUSES OF DEATH

Primary

Apoplexy

How long

24 hours

Immediate

Eclampsia

How long

6 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Jas. L. D. Maxfield

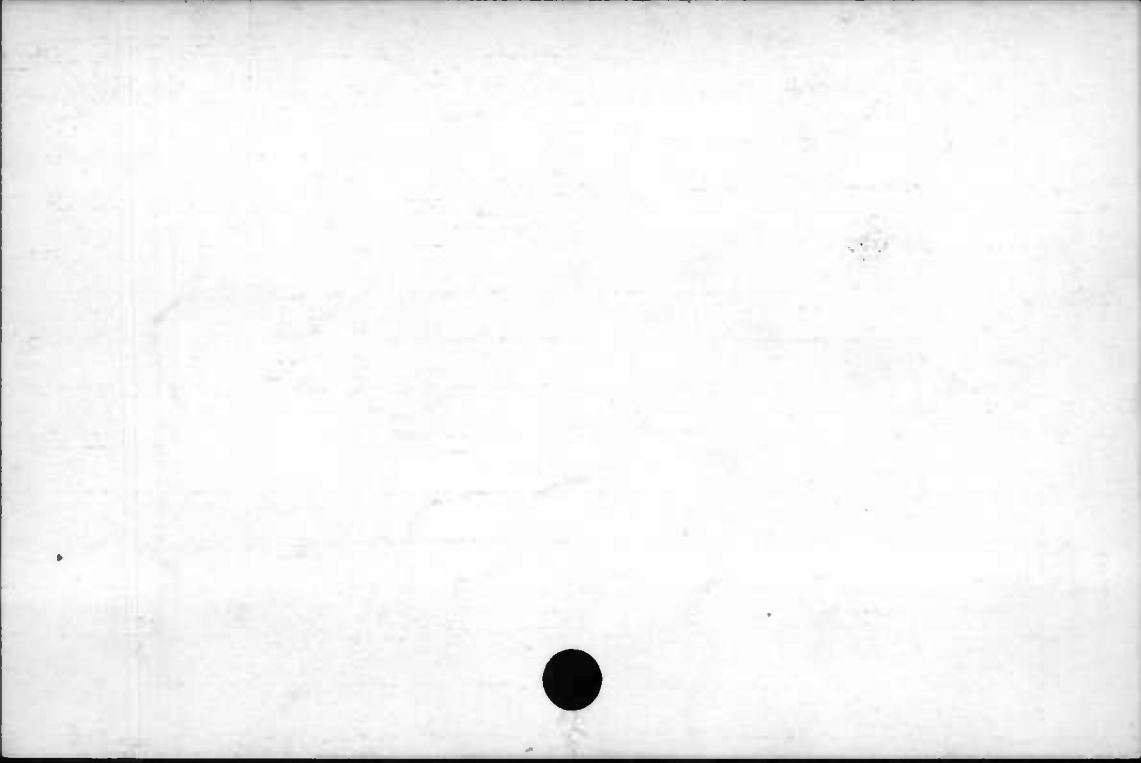
Address

3 and 1/2 North Highlandtown

Accident or Suicide?

No

PHYSICIAN  
OR CORONER



Name in Full		Still Born Bosley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Parkton		Balt		MARYLAND	
	Date of death	1906	9	29	Age	—	Months — Days —
	Sex	Female		Color or Race		White	
	Occupation	—		Where Residing if not at place of death		—	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	John Bosley				Father's Birthplace	Md
	Mother's Maiden Name	Alice. Openden				Mother's Birthplace	Md
Name of person giving information	Mother				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Result of fall from				How long	—
	Immediate	Mother 3 months gone				How long	—
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	R. R. Morris		
				Address	Parkton		
	Accident or Suicide?	Md					





Name  
in  
Full

Theodore Boyd.

Note on back

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shenwood</u> <sup>Town</sup> <u>Balto. Co.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>6</u> <sup>Month</sup> <u>September</u> <sup>Day</sup> <u>Sunday</u>	Age <u>5-7</u>	<u>2</u> <sup>Months</sup> <u>2</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Balto. City</u>	
Occupation <u>Carpenter</u>	Where Residing if not at place of death _____		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catherine Prins</u>		
Father's Name <u>James H. Boyd</u>	Father's Birthplace <u>Balto City</u>		
Mother's Maiden Name <u>Eliza F. LaPorte</u>	Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Joseph Boyd</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORNER

1

Primary	<u>Chronic Interstitial nephritis</u>	How long	<u>Indefinite</u>
Immediate	<u>Cardiac Insufficiency</u>	How long	<u>About two months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>H. Burton Shumson (M.D.)</u>	
		Address <u>Rivers. Ind</u>	
Accident or Suicide?			

Martin Fahy & Sons  
Mount Maria Cemetery  
Lowson

---

Body removed to Church  
without Permit. Body in the  
Church before permit was R. C. Massenburg  
applied for

Name  
in  
Full

Henry C. Braunschweiger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept.	3	45		6	25
Sex	Male			Color of Race	White		
Occupation	Laborer			Birth-place	Germany.		
Where Residing if not at place of death				4 O'Donnell St.			
Married, Single or Widowed	Married			Name of Wife or Husband	Rosa A. Braunschweiger		
Father's Name	John Braunschweiger			Father's Birthplace	Germany		
Mother's Maiden Name	Annie Bengel			Mother's Birthplace	"		
Name of person giving Information	Rose A. Braunschweiger			How related to deceased	Wife		

## CAUSES OF DEATH

Primary	Drowning	How long	
Immediate	yes	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P. H. Drummigan
yes		Address	203. Toon St
Accident or Suicide?			Coroner
Accident			

PHYSICIAN  
OR CORONER

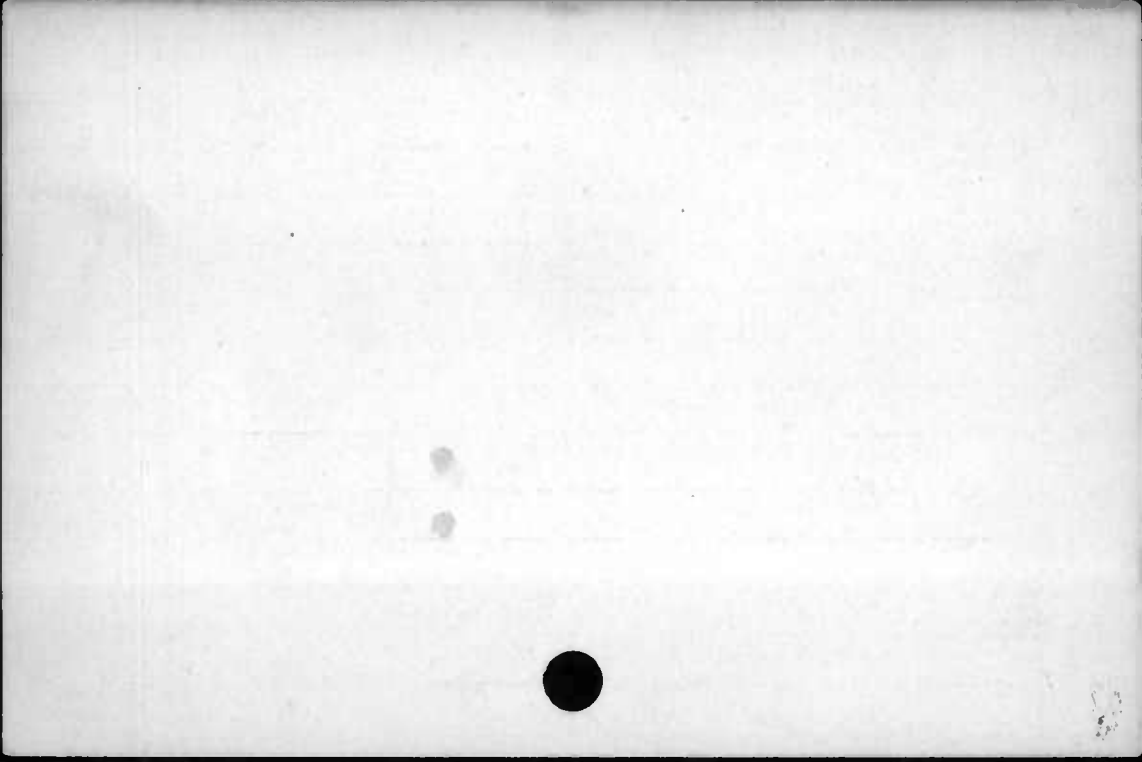
Trinity Cemetery

Sept. 5-1906.

Girkler & Girkler

1739 E. Eager St.

Name In Full		Brimmhead				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Ashtington</i>		Town <i>Baltimore</i>		County		MARYLAND
	Date of death <i>1906</i>	Month <i>9</i>	Day <i>28</i>	Age	Years	Months	Days
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ashtington</i>		
	Occupation			Where Residing If not at place of death			
	Married, Single or Widowed		Name of Wife or Husband				
	Father's Name <i>Samuel Brimhead</i>		Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Wiles</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>E. B. Wiles</i>		How related to deceased <i>Wife</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Still born</i>		How long				
	Immediate		How long				
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. P. Hadesky</i>		Address <i>Sta C. City</i>		
	Accident or Suicide?						



## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Leicester Town

Town

County  
Dall

Coup d'etat

## MARYLAND

Date of death 1906      Month Sep-

Month

Day

Age <sup>Years</sup> 17 11/10/1999

Years

Months

Days

Sex *Male*

Color or Race *White*

Birth-  
place

Occupation Laborer

Where Residing if not  
at place of death

Married, Single  
~~or Widowed~~

Name of Wife or Husband

Father's Name Unknown

Father's Birthplace

Mother's  
Maiden Name

**Mother's Birthplace**

Name of person giving information

How related  
to deceased

### CAUSES OF DEATH

Primary *Probably Overdose Lanatoside*

How long

Immediate Open Processing

How long

Are the name, age, sex, color, date and place correctly given above? *as far as known*

Signature of Physician

Address

Accident or Suicide? *acc not*

Signature of Physician *Dr. J. B. Burman*  
Address *John L. E. Burman*  
*Kerrin* *Corcoran*

Geo J. Smith  
1000 W. Fayette  
removal to City-



Name  
in  
Full

*Dora Bradford Bromford*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Laundowne</i>		Town <i>Laundowne</i>		County <i>Batts</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>29</i>	Age <i>28-9</i>	Years	Months <i>5</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>ind</i>				
Occupation <i>House Wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widowed</i>			Name of Wife or Husband <i>Mrs Bromford</i>				
Father's Name <i>Worship Holmes</i>			Father's Birthplace				
Mother's Maiden Name <i>Basa Purder</i>			Mother's Birthplace				
Name of person giving information <i>W. Bromford</i>			How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN  
OR  
CORONER

Primary <i>consumption of lungs</i>	How long <i>3 yrs</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Z. B. Hall</i>
	Address <i>108 W. 11th St</i>
Accident or Suicide?	

Nicholas Fink  
~~Geo. Hooper.~~

Mr Zions

Name  
in  
Full

George C. Brooks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept.	16 <sup>th</sup>	1		—	3
Sex	Male	Color or Race	White	Birth-place	Balto Co.		
Occupation	None			Where Residing if not at place of death	1020 Bouldin St		
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Edmund P. Brooks				Father's Birthplace	Balto Md.	
Mother's Maiden Name	Annie E. Hannen				Mother's Birthplace	Balto Md.	
Name of person giving information	Edmund P. Brooks				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long	two weeks.
Immediate	Asthma	How long	one week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	N. R. Burke M.D.
		Address	218 Donnell St Baltimore, Md.
Accident or Suicide?			

Sacred Heart. Conn

Sept 18<sup>th</sup> 1904

Germantown France

Name  
in  
Full

## CERTIFICATE OF DEATH

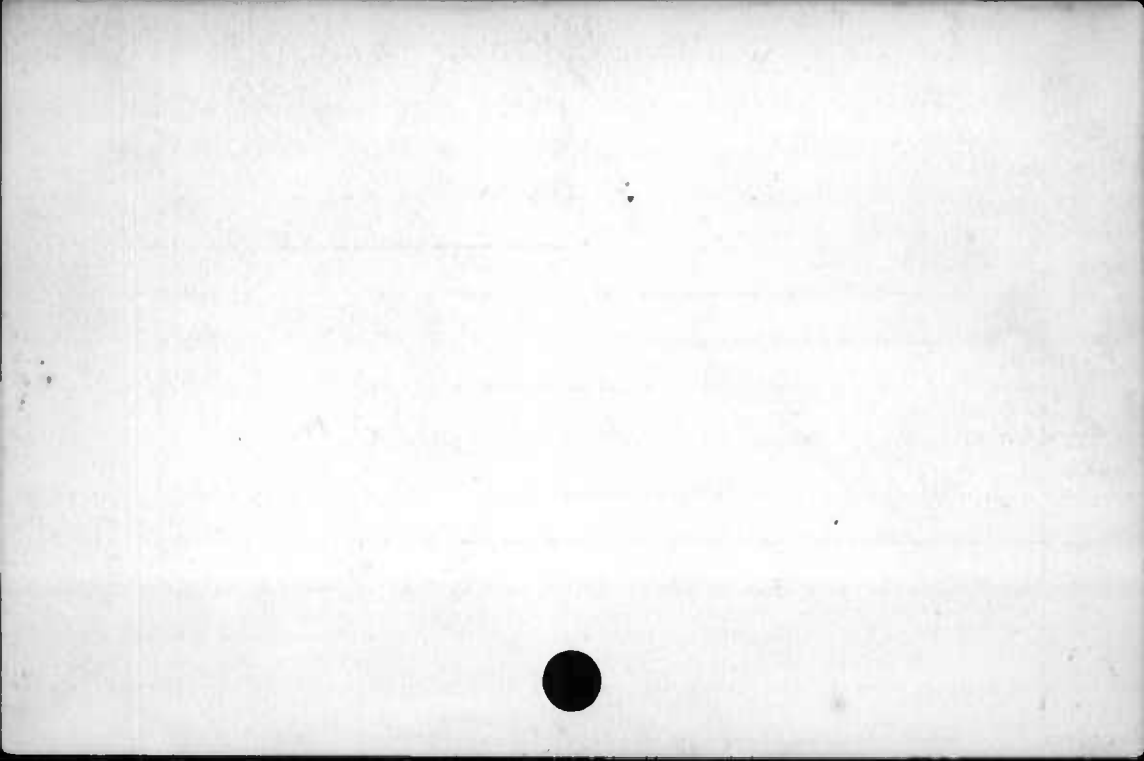
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Julia Andrews Brown</i>		Town <i>New Brunswick</i>		County <i>Bucks</i>		MARYLAND	
Died at <i>New Brunswick</i>		Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>15</i>	Years <i>39</i>	Months <i>7</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Camden N.J.</i>		Days <i>10</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Place of death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Garnet Brown</i>					
Father's Name <i>Edward R. Poole</i>		Father's Birthplace <i>New Orleans</i>					
Mother's Maiden Name <i>M. J. Troth</i>		Mother's Birthplace <i>New York</i>					
Name of person giving Information <i>Garnet Brown</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastric Ulcer</i>	How long <i>several weeks</i>
Immediate <i>Inauition</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. H. S. Keyser</i>
<i>No</i>	Address <i>Franklinville</i>
Accident or Suicide? <i>No</i>	<i>M.D.</i>



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harreu</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1906	Month <i>Sept</i>	Day <i>4</i>	Age <i>—</i>	Months <i>2</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balto.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Harreu —</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James D. Burbank</i>		Father's Birthplace <i>Balto. Md</i>			
Mother's Maiden Name <i>Marion J. Stoll</i>		Mother's Birthplace <i>Balto. "</i>			
Name of parson giving information <i>James D. Burbank</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

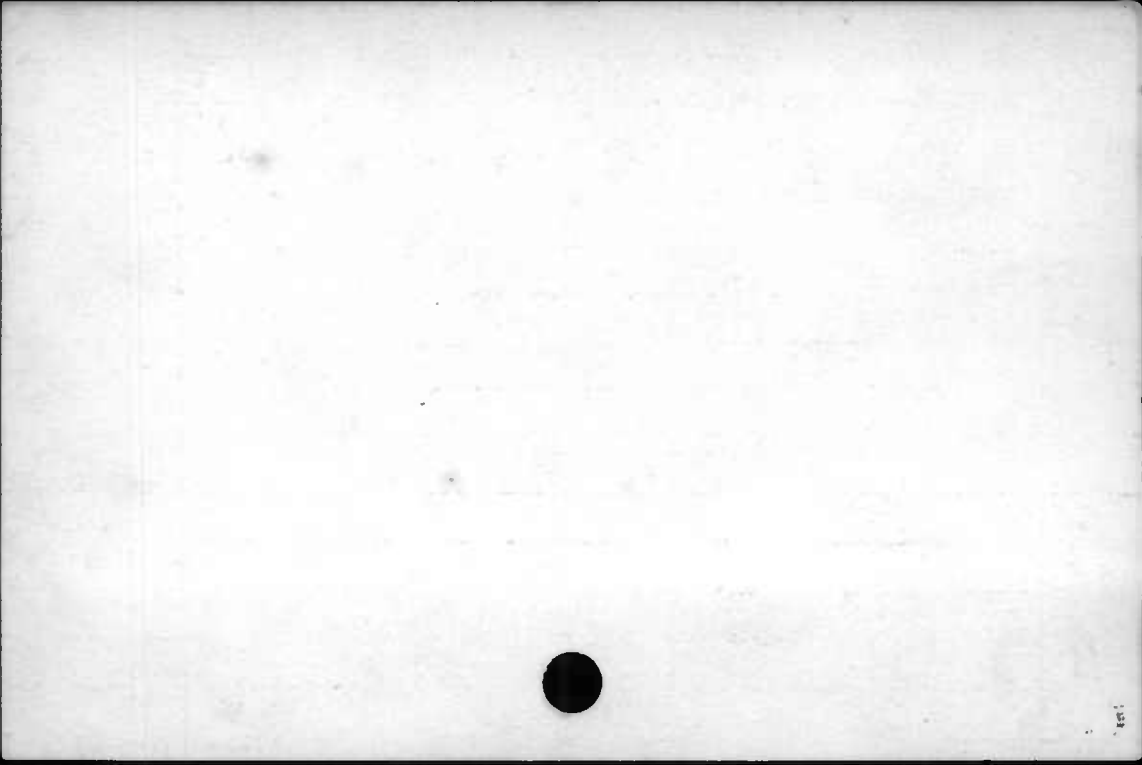
PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>Since birth</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>ys</i>	Signature of Physician <i>Alfred Vanstaen M.D.</i>
	Address <i>921 Cathedral St.</i>
Accident or Suicide?	

This is the one I  
promised to forward  
The one shipped to Balto



Name in Full		Stanley Burns				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Garsuch <sup>Town</sup>		County <sup>Baltimore</sup>	
		Date of death		1906		Maryland	
		Month		Sept.		Days	
		Day		22		Age	
		Years		2		Months	
Sex		Male		Color or Race		White	
Occupation		Not any		Birth-place		Garsuch, Md.	
		Where Residing if not at place of death		Place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Thomas. Burns				Father's Birthplace	
Mother's Maiden Name		Jane Ann. Parshinger				Mother's Birthplace	
Name of person giving information		Thomas Burns.				How related to deceased	
						Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER 1		Primary		Acute Indigestion		How long	
				Toxemia		16 hrs.	
		Immediate				How long	
		Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician	
						Address	
						Stewartstown Pa.	
		Accident or Suicide?					



Name  
in  
Full

Annie R. Burton

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Arlington<sup>County</sup> Balto.

MARYLAND

Date of death 1906. <sup>Month</sup> Sept. <sup>Day</sup> 18Age <sup>Years</sup> 44<sup>Months</sup> 10<sup>Days</sup> 26.

Sex Female.

Color or  
RaceBirth-  
place

Occupation

Housewife

Where Residing if not  
at place of death

At Arlington.

Married, Single  
or Widowed

Married.

Name of Wife or  
Husband

Clifford Burton.

Father's  
Name

Mannuel Beck.

Father's  
Birthplace

Pa.

Mother's  
Maiden Name

George Anna Bowen

Mother's  
Birthplace

Md.

Name of person giving  
Information

Clifford Burton

How related  
to deceased

Husband.

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis.

How long

4 months.

Immediate

Exhaustion

How long

10 days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. B. Cox M.D.

Address

Arlington.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Pleasant Hill Conn.

Jos. Brook

Name  
in  
Full

Wm. J. Burton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Louison</i> Town		<i>Balto.</i> County			
Date of death	<i>1906</i>	Month	<i>Sept.</i>	Day	<i>11</i>
				Age	<i>79</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Greenwood Balto. Co</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Louison</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Francis B. Burton</i>		
Father's Name	<i>Samuel Burton</i>			Father's Birthplace	<i>—</i>
Mother's Maiden Name	<i>Francis V. Kirby</i>			Mother's Birthplace	<i>Balto.</i>
Name of person giving information	<i>Hettie S. Howell</i>			How related to deceased	<i>Daughter</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>acute indigestion</i>	How long	<i>two days</i>
Immediate	<i>acute indigestion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. C. Curdley</i>
		Address	<i>1803 W. Saratoga St. Balto.</i>
Accident or Suicide?	<i>0</i>		

John Burns Sons  
Tousers

Vaugh Chapel  
Cemetery  
Greenwood  
Baltimore  
Md.

Name  
In  
Full

CERTIFICATE OF DEATH

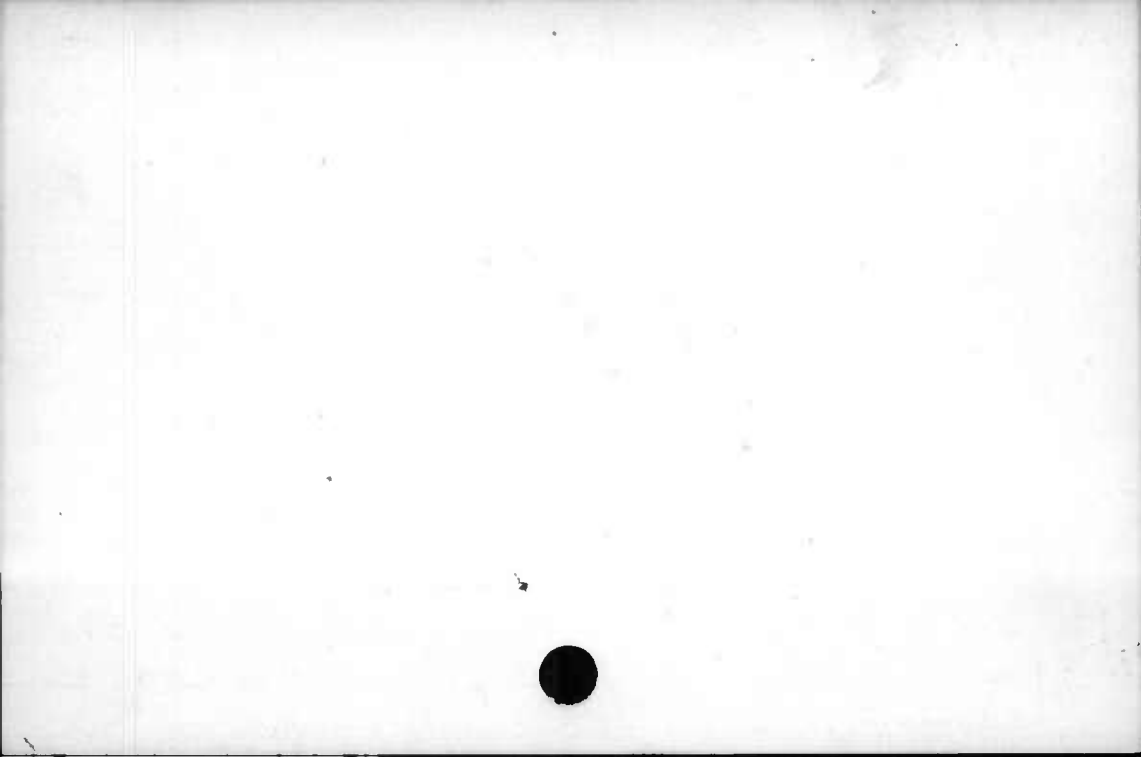
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Mt Hope</u> <small>Town</small>		<u>Balto.</u> <small>County</small>		MARYLAND	
Date of death <u>190</u>	Month <u>Sept-</u>	Day <u>12<sup>th</sup></u>	Age <u>34</u>	Years <u>34</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>New York</u>			
Occupation <u>Carpenter</u>	Where Residing if not at place of death				
Married, <u>Yes</u> or <u>Widowed</u>	Name of Wife or Husband				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

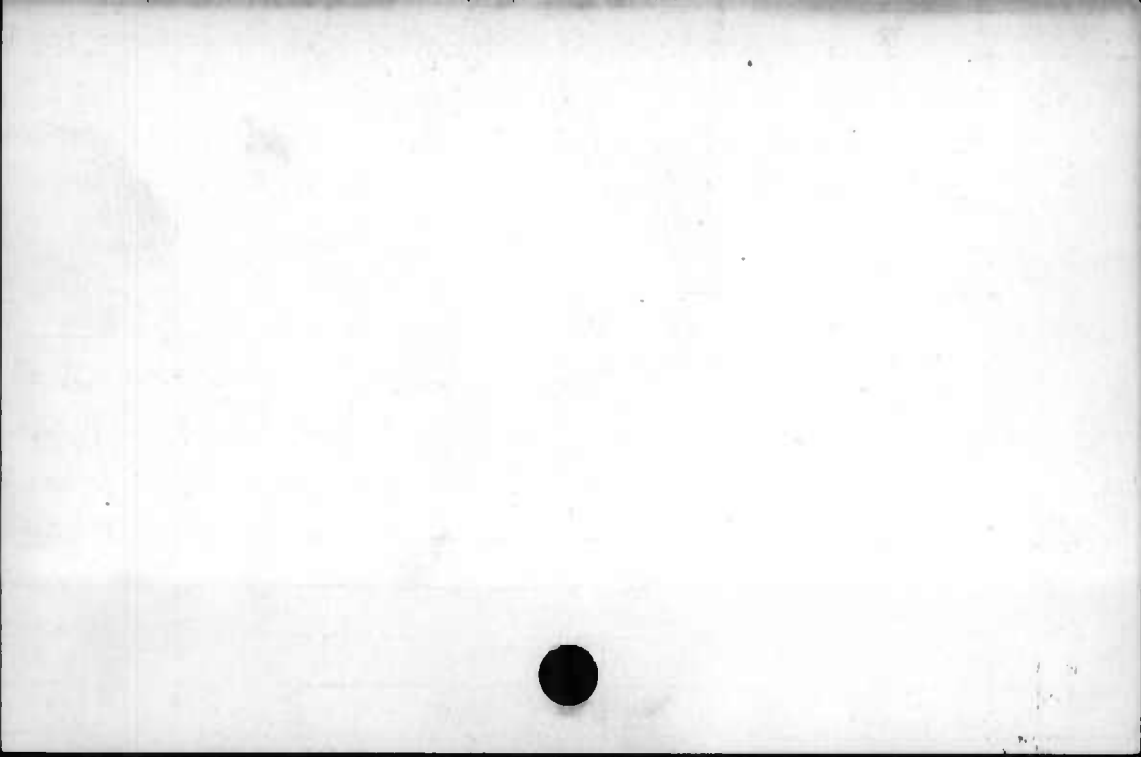
PHYSICIAN  
OR CORONER

Primary <u>Dementia</u>	How long <u>3 yrs</u>
Immediate <u>Heart Failure during Choking spell</u>	How long <u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>E. B. Benson M.D.</u>
	Address <u>Mt Hope Md</u>
Accident <u>No</u> <u>Yes</u>	





Name in Full		John R. Carlin				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>1103 East Ave</i>			Town <i>Baltimore</i>		County <i>MARYLAND</i>	
	Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>3rd</i>	Age <i>—</i>	Years <i>3 months</i>	Months <i>—</i>
	Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore, County</i>		
	Occupation <i>—</i>				Where Residing if not at place of death <i>1103 East Ave</i>		
	Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>			
	Father's Name <i>James Carlin</i>				Father's Birthplace <i>Pa.</i>		
	Mother's Maiden Name <i>Mary Hock</i>				Mother's Birthplace <i>Balt County</i>		
Name of person giving information <i>James Carlin</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Dysentery</i>			<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> 14 </div>		How long <i>Three weeks</i>	
	Immediate <i>Arthania</i>					How long <i>one week</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>			Signature of Physician <i>W. L. Burke M.D.</i>			
				Address <i>218 O'Donnell St</i>			
	Accident or Suicide?						



Name  
in  
Full

Baby Carpenter.

CERTIFICATE OF DEATH

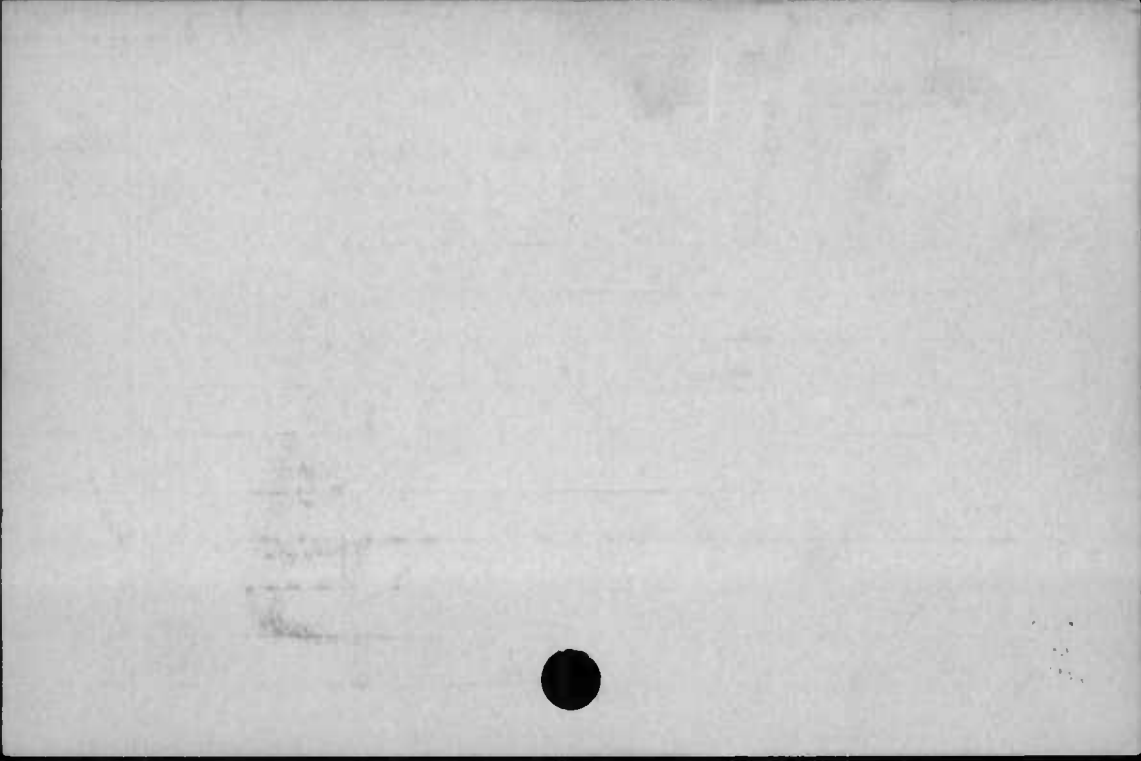
TO BE ANSWERED BY  
NEAREST FRIEND

Died - <i>Electric Park</i> <small>Town</small> <i>Balto.</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i> <small>Month</small> <i>Sept</i> <small>Day</small> <i>23</i> <small>Age</small> <i>—</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small> <i>1</i>	Sex <i>Female</i> Color or Race <i>White</i> Birth place <i>2508 York Road</i>		
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Chas. A Carpenter</i>	Father's Birthplace <i>Bristol Pa</i>		
Mother's Maiden Name <i>Maggie Strouse</i>	Mother's Birthplace <i>Philada, Pa</i>		
Name of person giving information <i>Father</i>	How related to deceased <i>—</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth</i>	How long <i>24 hours old</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Fair</i>
	Address <i>12 E. 21<sup>st</sup> St.</i>
	<i>Balto. Md.</i>
Accident or Suicide?	



Name  
in  
Full

Hattie Belle Cheatham

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Corbett</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		9	17	29			
Sex		Color or Race		Birth-place			
Female		Colored		<i>Balto Co</i>			
Occupation		Where Residing if not at place of death					
<i>Housewife</i>							
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband		<i>John Cheatham</i>			
Father's Name		Father's Birthplace		<i>Md</i>			
<i>John Harris</i>							
Mother's Maiden Name		Mother's Birthplace		<i>Md</i>			
<i>Julia Spriggs</i>							
Name of person giving information		How related to deceased					
<i>John Cheatham</i>							

## CAUSES OF DEATH

Primary

*Typhoid Fever*

How long

*4 weeks*

Immediate

*Intestinal Hemorrhage*

How long

*17 hrs*

Are the name, age, sex, color, date and place correctly given above?

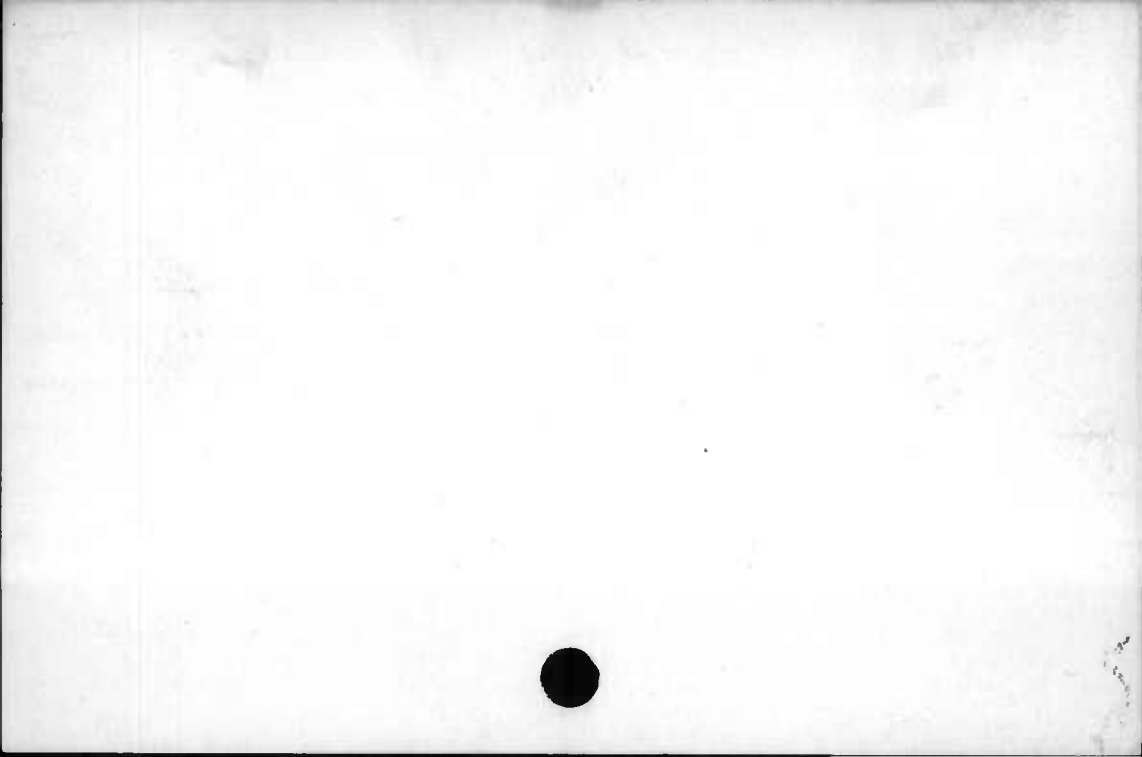
*Yes*

Signature of Physician

Address

*J. R. Payne M.D.  
Corbett Md.*

Accident or Suicide?

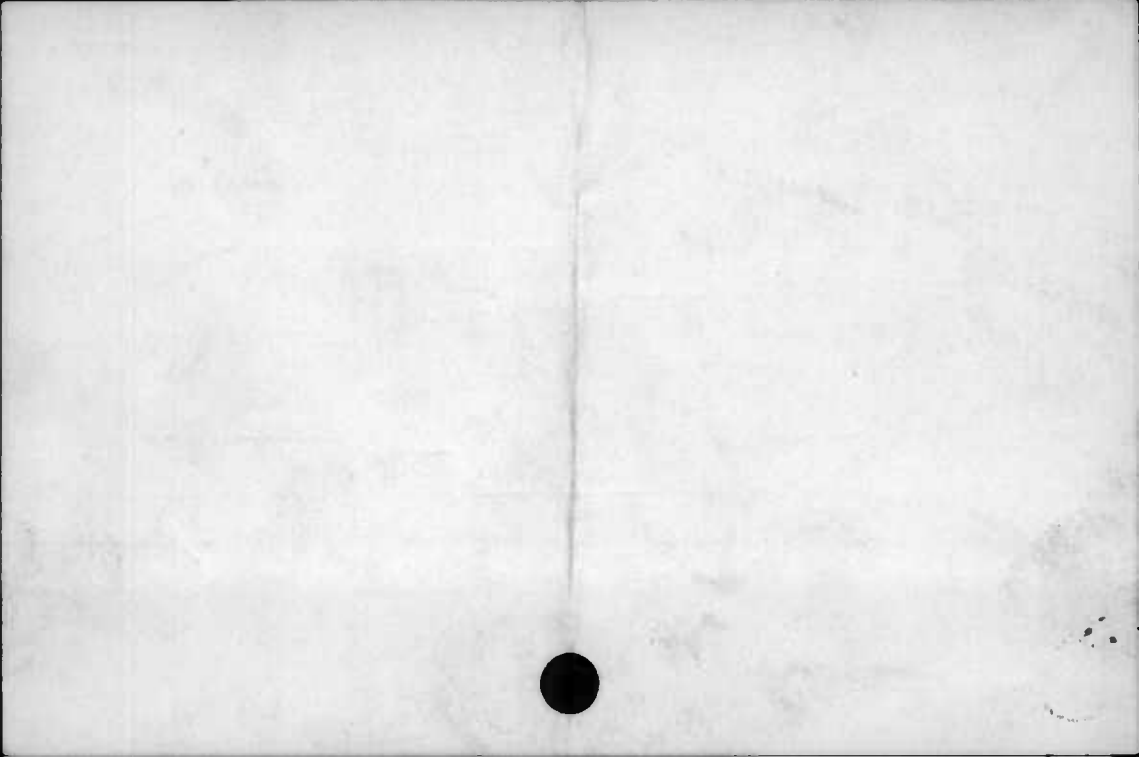


### CERTIFICATE OF DEATH

Died at <u>Woodlawn</u>		Town <u>Baltimore</u>		County <u>MARYLAND</u>	
Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>12</u>	Age <u>71</u>	Years	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>(Col)</u>		Birth-place <u>Maryland</u>		
Occupation <u>Waiter</u>		Where Residing if not at place of death <u>— — —</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>— — —</u>			
Father's Name <u>Soloman Chase</u>			Father's Birthplace <u>not known</u>		
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving information <u>William P. Hall</u>			How related to deceased <u>Nephew.</u>		

### CAUSES OF DEATH

Primary	Hemiplegia	(64)	How long	3 months
Immediate	apoplexy		How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. C. Smith	
you		Address	Woodlawn St Ind	
Accident or Suicide?				





Name  
in  
Full

Martin Clark

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>21st</u>	Age <u>—</u> Years	Months <u>8</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>		
Occupation <u>None</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edward Clark</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Carrie Behringer</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>Carrie Behringer</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary	<u>Institution</u>	How long	<u>4 Mos.</u>
Immediate	<u>—</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>H. A. Glantz</u>	
		Address <u>41 Eastern Ave. Bk.</u>	
Accident or Suicide? <u>—</u>			

Sacred Heart Cemetery

Sept. 22<sup>nd</sup> 1906

Germanus France

Underwater

Name  
in  
Full

## CERTIFICATE OF DEATH

Mary Cockey

MARYLAND

Died at <sup>Town</sup> West arlington <sup>County</sup> BaltimoreDate of death 1901 <sup>Month</sup> sept <sup>Day</sup> 18 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> <sup>Days</sup> 10Sex Female <sup>Color or Race</sup> white <sup>Birth-place</sup> W. ArlingtonOccupation <sup>Where Residing if not at place of death</sup>~~Married~~, Single or Widowed <sup>Name of Wife or Husband</sup>Father's Name Charles T. Cockey Jr <sup>Father's Birthplace</sup> Balto Co MdMother's Maiden Name Mary Cook <sup>Mother's Birthplace</sup> Balto Co MdName of person giving information Charles T. Cockey Jr <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

Primary Premature Birth <sup>How long</sup> 11 daysImmediate Spasms of respiratory tract <sup>How long</sup> 2 daysAre the name, age, sex, color, date and place correctly given above? <sup>Signature of Physician</sup> Yes.<sup>Address</sup> St. E. City.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Undertakers

Stewart & Mowen Co.

215 Park ave

Baltimore Md

Interment etc

Druid Ridge cemetery

Name  
in  
Full

Mrs Kate Cooper

## CERTIFICATE OF DEATH

MARYLAND

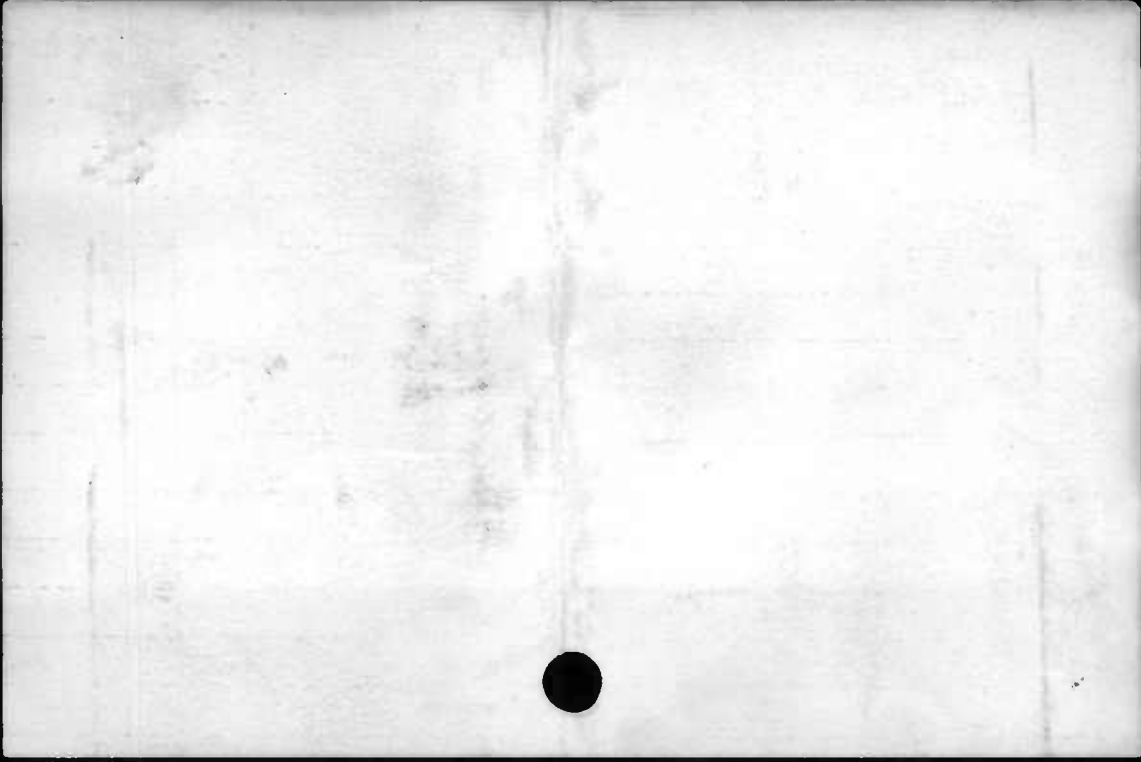
Died at <sup>Town</sup> *Bear River*<sup>County</sup> *Bald*Date of death *1906 Sept 12*Age *74*Months *—* Days *—*Sex *Female*Color or Race *Colored*Birth-place *MD*Occupation *—*Where Residing if not at place of death *—*Married, Single or Widowed *—*Name of Wife or Husband *Henry Cooper*Father's Name *—*Father's Birthplace *—*Mother's Maiden Name *—*Mother's Birthplace *—*Name of person giving information *—*How related to deceased *—*

## CAUSES OF DEATH

Primary *Organic Heart Disease* How long *2 years*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *E. V. Mason*Address *Rossville Md*Accident or Suicide? *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Vernon E Cooper

## CERTIFICATE OF DEATH

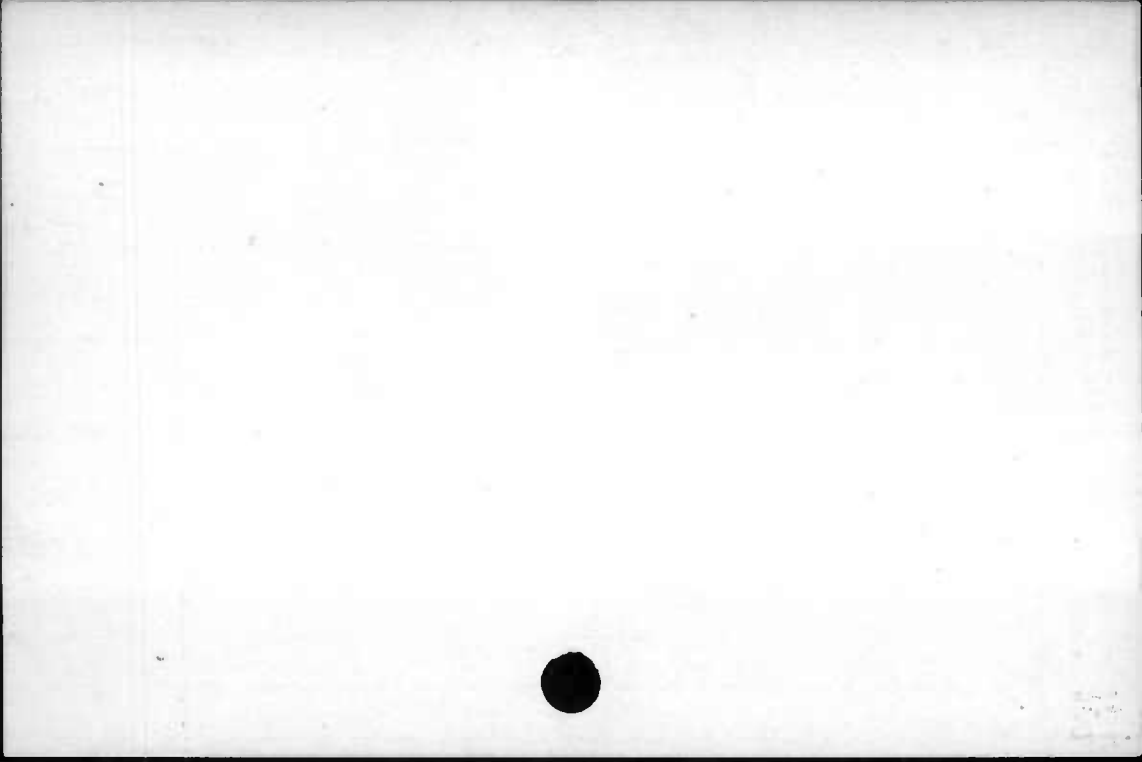
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Chase		Baltimore					
Date of death	1906	Month	Sept	Day	2	Years	16
Sex	male	Color or Race	Colored	Birth-place	md		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Jenny Cooper				Father's Birthplace	
Mother's Maiden Name		Beula Griffin				Mother's Birthplace	
Name of person giving information		Jenny Cooper				How related to deceased	
						father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Dysentery	How long	2 wks
Immediate	uremia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W. Harrison M.D.
		Address	Middle River Md
Accident or Suicide?	No		





Name  
in  
Full

CERTIFICATE OF DEATH

*Anthony D Cox*

Town

County

MARYLAND

Died at

*Granite*

*Baltimore*

Date

Month

Day

Years

Months

Days

of death

1906

*Sept*

*13*

Age

*—*

*—*

*21*

Sex

*male*

Color or  
Race

*Black*

Birth-  
place

*Ind*

Occupation

*—*

Where Residing if not  
at place of death

*Same*

Married, Single  
or Widowed

Name of Wife or  
Husband

*—*

Father's  
Name

*Daniel Cox*

Father's  
Birthplace

*Ind*

Mother's  
Maiden Name

*Sarah Green*

Mother's  
Birthplace

*Ind*

Name of person giving  
information

*Joe Green*

How related  
to deceased

*Grand Father*

CAUSES OF DEATH

Primary

*Primatus obstr*

How long

*—*

Immediate

How long

*—*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

*John T Isaac*

*Granite*

*Ind*

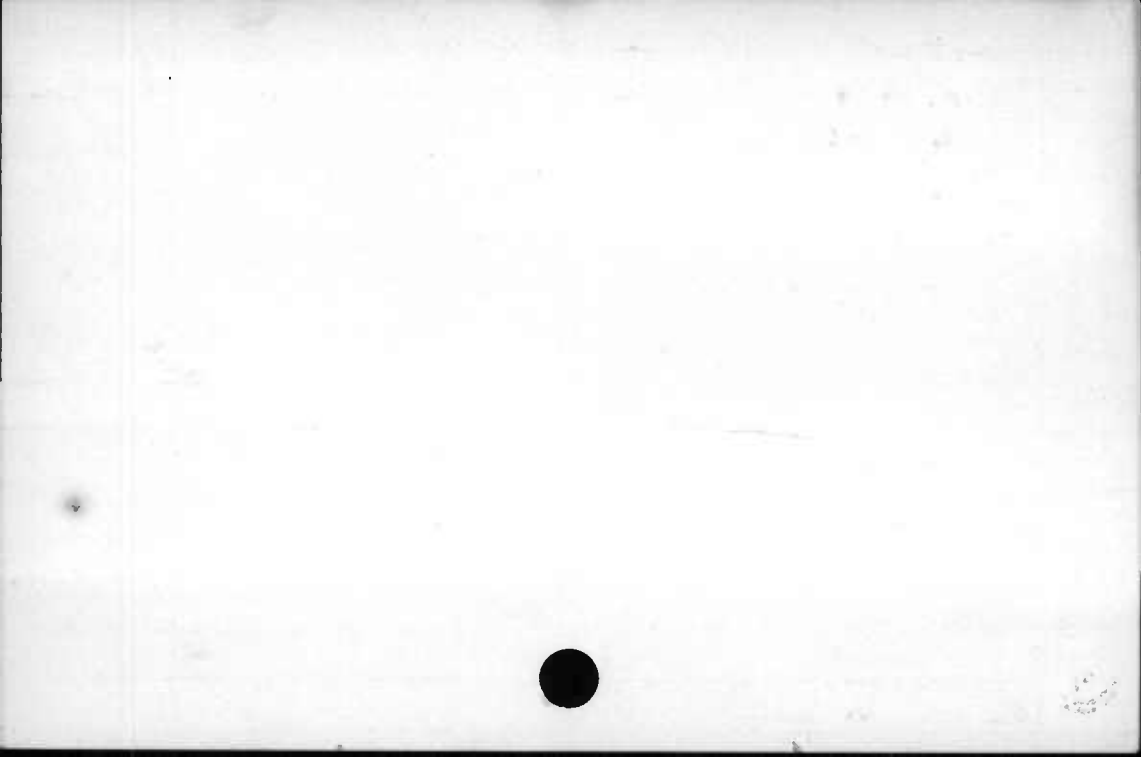
Accident or Suicide?

*—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

Patrick Cusack

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harmon Point</i>		County <i>Malto.</i>		MARYLAND	
Date of death	Month <i>Sept.</i>	Day <i>28</i>	Years <i>40</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Joe Blair</i>			How related to deceased		

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN  
OF CORONER
*Joe Blair J.P.*  
*Harmon Point*  
*Md.*



Name  
in  
Full

CERTIFICATE OF DEATH

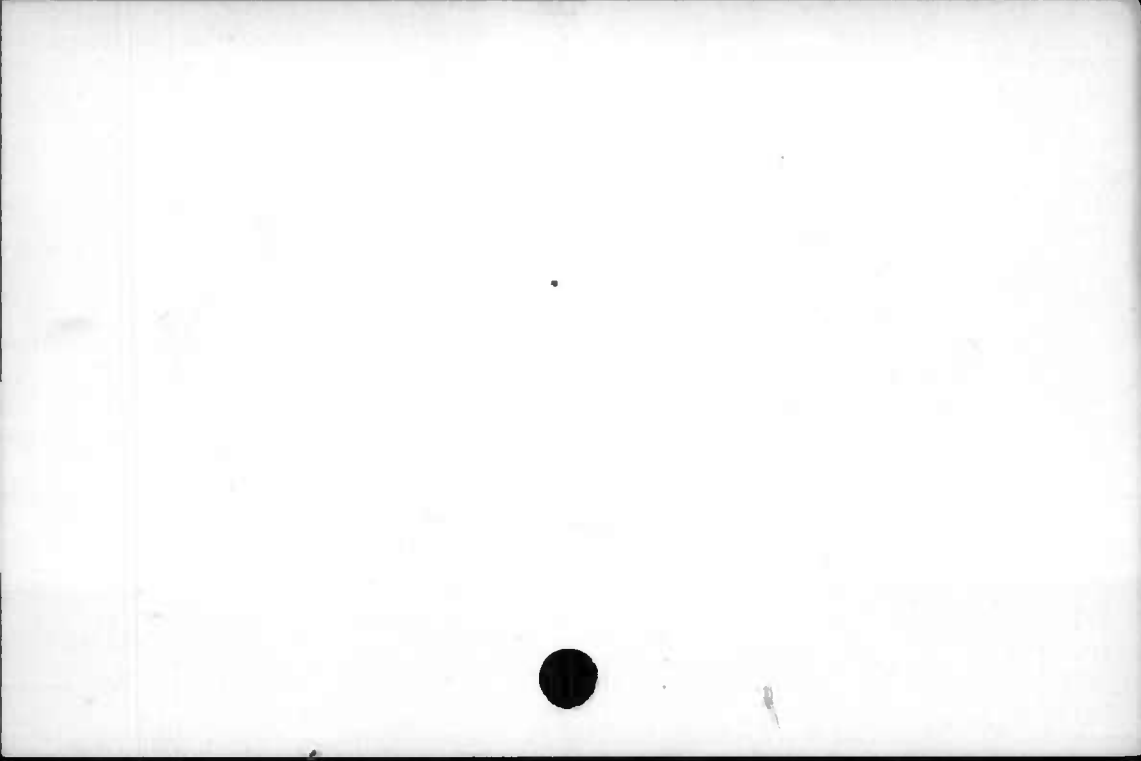
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>John A. Daly</i>		Town <i>Mr Hope</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	190	Month	<i>Sept</i>	Day	<i>1st</i>	Age	<i>74</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Pennsylvania</i>		
Occupation	<i>Salesman</i>			Where Residing if not at place of death			
Maiden Name	<i>Widowed</i>			Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Mania &amp; Paralysis</i>	How long	<i>Four weeks</i>
Immediate	<i>Exhaustion</i>	How long	" "
Are the name, age, sex, color, date and place correctly given above?			
Signature of Physician	<i>C. B. Ensor</i>		
Address	<i>Mt Hope</i>		
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

Jarrett M. Davis

## CERTIFICATE OF DEATH

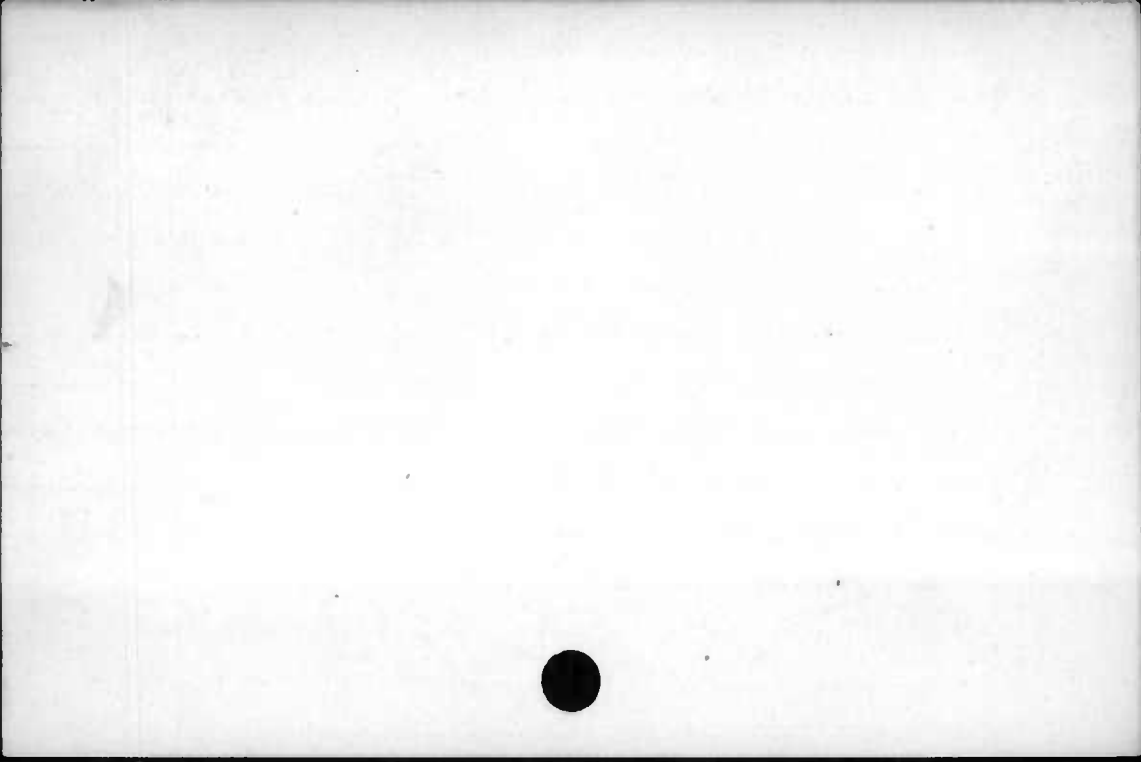
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Chattahoochee</i>		Town <i>Baltimore</i>		County		MARYLAND							
Date of death	<i>1906</i>	Month	<i>9</i>	Day	<i>15</i>	Age	<i>21</i>	Years	<i>—</i>	Months	<i>—</i>	Days	<i>—</i>
Sex	<i>male</i>			Color or Race	<i>Colored</i>			Birth-place	<i>md</i>				
Occupation				Where Residing if not at place of death									
Married, <i>single</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Jarrett Davis</i>				Father's Birthplace <i>md</i>									
Mother's Maiden Name <i>Alice Bell</i>				Mother's Birthplace <i>va</i>									
Name of person giving information				How related to deceased <i>mother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Phtisis Pulmonalis</i>	How long	<i>27</i> <i>6 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>9</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Mois Naylor</i>	
		Address <i>Pikeville Md</i>	
Accident or Suicide?			





Name  
in  
Full

Grace Davison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		205 Ridgewood Road		Roland		County		Park Balto.		MARYLAND	
Date		Month		Day		Years		Months		Days	
of death		1906		Sept		19		Age		20	
Sex		Female		Color or Race		White		Birth-place		Balto. Md.	
Occupation		None		Where Residing if not at place of death		Place of residence					
Married, Single or Widowed		single		Name of Wife or Husband							
Father's Name		Calvin T. Davison						Father's Birthplace		Balto. Md.	
Mother's Maiden Name		Grace H. McDowell						Mother's Birthplace		New York	
Name of person giving information		Chas. William Miller						How related to deceased		Brother-in-law	

## CAUSES OF DEATH

Primary	Septicemia	How long	7-10 weeks
Immediate	Chorea, chorea	How long	1
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. J. Davison	
Address		314 North Ave	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

Mr. G. C. Harrison  
3 W. Fifth Ave.

P. L.

Henry W. Jenkins & Sons. Co.  
Druid. Ridge Cem.  
Sat<sup>n</sup> Sept 22<sup>nd</sup> / 06

Name  
in  
Full

## CERTIFICATE OF DEATH

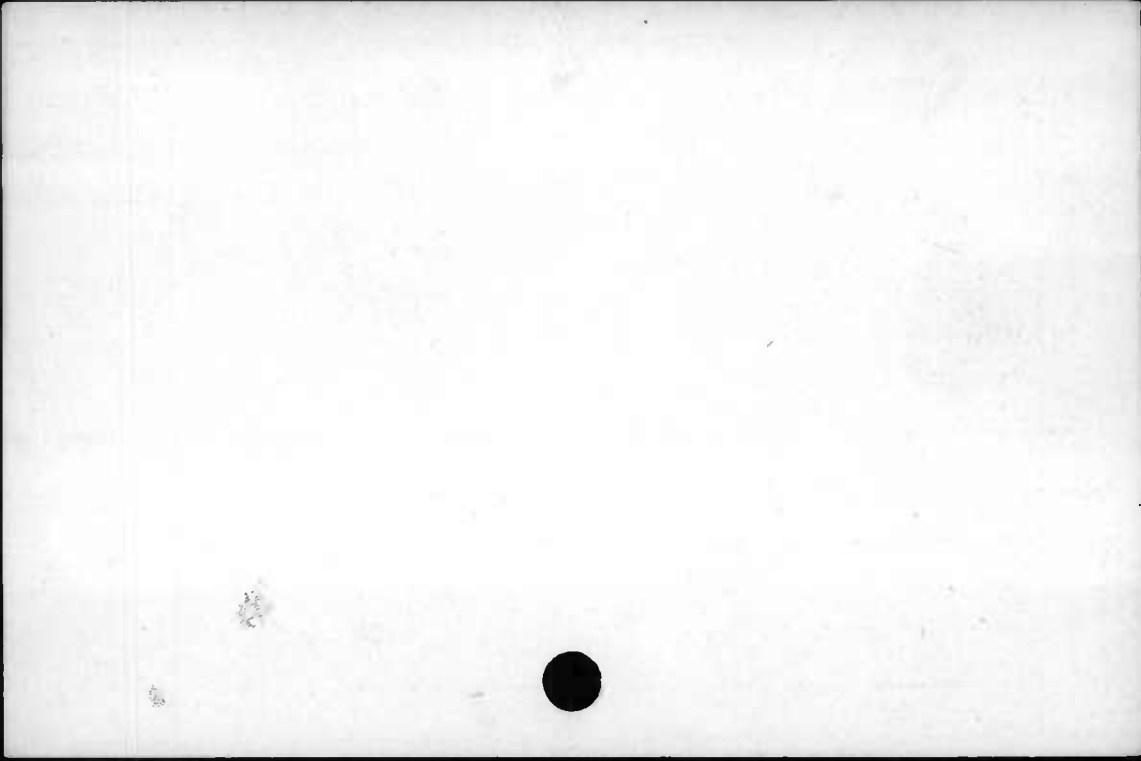
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Day</i>		Town <i>Madison</i>		County <i>Balt</i>		MARYLAND	
Died at <i>Madison</i>		Month <i>9</i>		Day <i>4</i>		Age <i>—</i>	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>4</i>		Years <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Ind</i>		Months <i>10</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>9</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Samuel Day</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Olie Day</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Henry Day</i>		How related to deceased <i>Grand Father</i>					

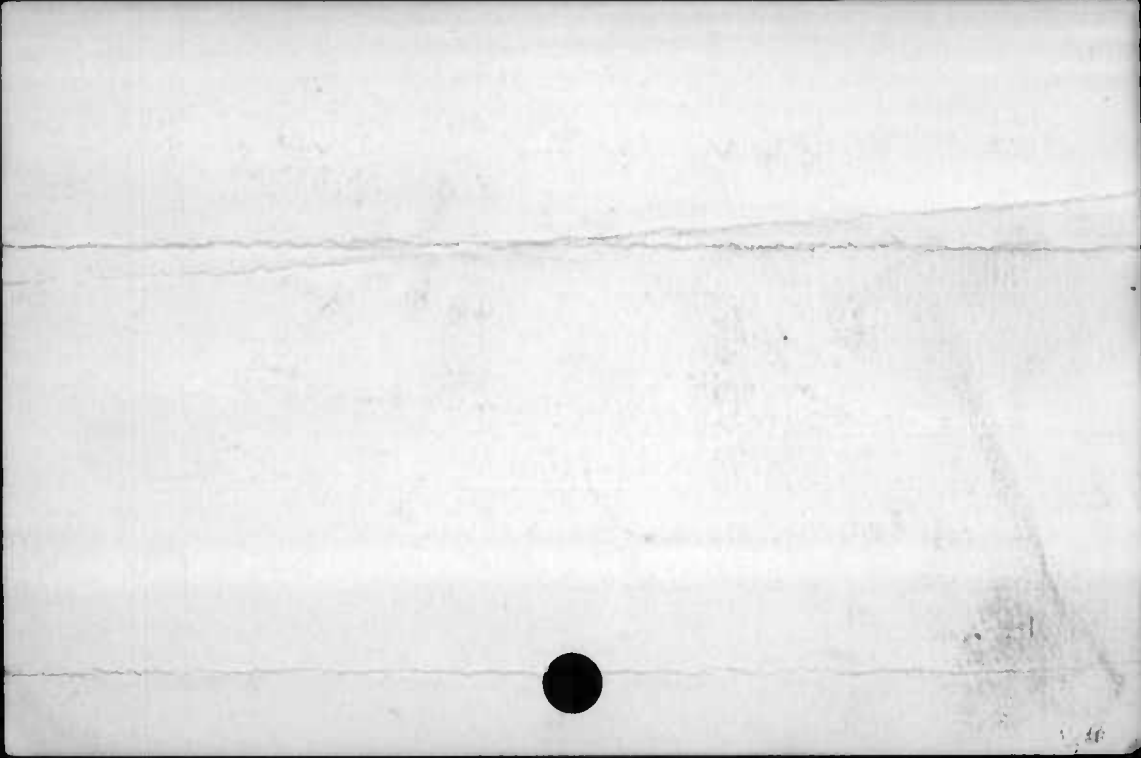
## CAUSES OF DEATH

Primary	<i>Gastro enteritis acute</i>	How long	<i>6 days</i>
Immediate	<i>Meningitis acute</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W B Harris</i>	
		Address <i>Parkton Ind</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN  
OR CORONER



Name in Full		Andrew Döhler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Keydes</u> Town		<u>Balls</u> County		MARYLAND	
		Date of death <u>1906</u> Month <u>Sep</u> Day <u>3</u>		Age <u>76</u> Years		Months <u>6</u> Days <u>17</u>	
		Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>	
		Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Md.</u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Margaret Döhler</u>			
		Father's Name <u>Mathias Döhler</u>		Father's Birthplace <u>Germany</u>			
		Mother's Maiden Name <u>Margaret - George</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Henry Döhler</u>		How related to deceased <u>Son</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER <u>1</u>		Primary <u>Liver dision &amp; prophy</u>				How long <u>about 10 Mo</u>	
		Immediate <u>Exhaustion</u>				How long	
		Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>				Signature of Physician <u>Charles Bagley M.D.</u>	
						Address <u>Bagley, Hartford Co Md.</u>	
		Accident or Suicide?					



Name  
in  
Full

Owen Donnelly

## CERTIFICATE OF DEATH

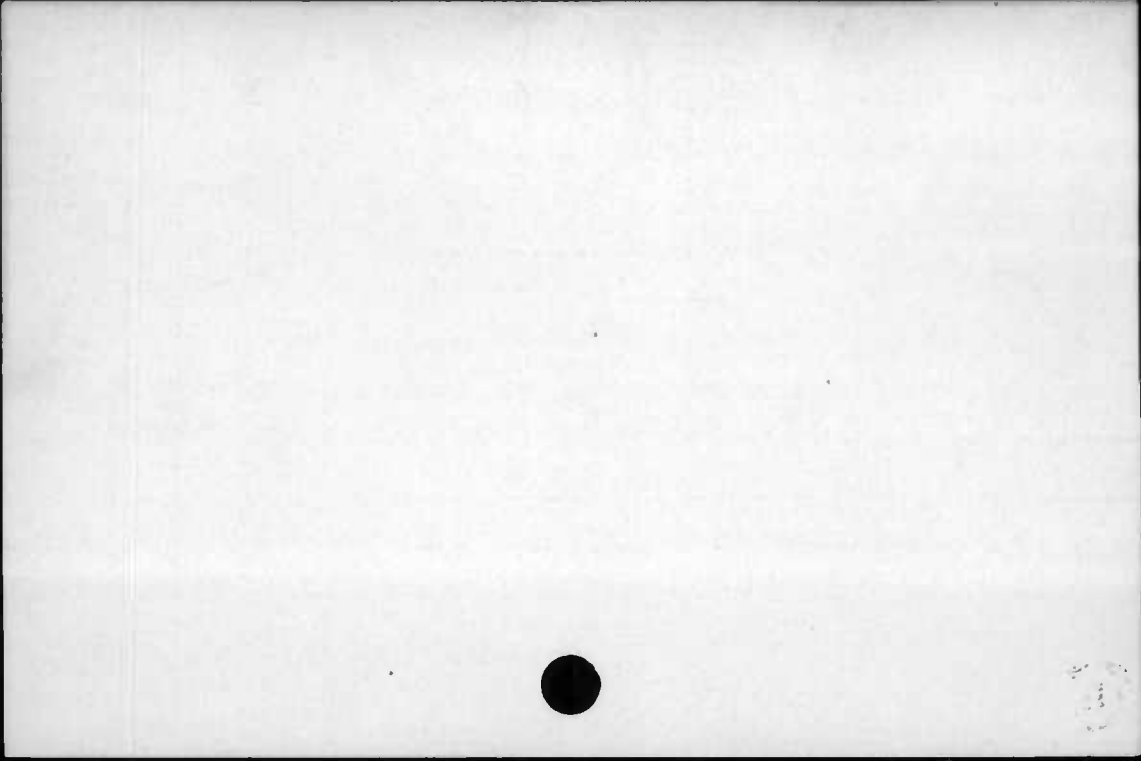
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Sept</i> <sup>Day</sup> <i>30</i> <sup>Year</sup> <i>about 63</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place -	
Occupation <i>Umbrella Mender</i>		Where Residing if not at place of death <i>Servant House Baltimore</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>H. B. Whitley Coroner</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

Primary <i>Chronic Alcoholism</i>	How long <i>2</i>
Immediate <i>Cirrhosis of Liver</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Henry B. Whitley Coroner</i>
	Address <i>Catonsville Md</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER





Name  
in  
Full

Margaret Whitlock Dorsey

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Roland Park <sup>County</sup> Baltimore

MARYLAND

Date of death 1906 <sup>Month</sup> Sept- <sup>Day</sup> 14 <sup>Years</sup> Age 66. - <sup>Months</sup> 3 <sup>Days</sup> 14Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Baltimore

Occupation \_\_\_\_\_ Where Residing if not at place of death

~~Married, Single~~  
Widowed

Name of Wife or Husband

Thomas R. Dorsey -

Father's Name Daniel B. Banks

Father's Birthplace

Mother's Maiden Name Margaret Whitlock

Mother's Birthplace Wilmington

Name of person giving information Dan. B. Dorsey

How related to deceased Son

## CAUSES OF DEATH

Primary Diabetes

How long 15 yrs.

Immediate Nephritis x Bronchitis

How long Six months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Dr. Wilbur P. Morgan

Address

315 W Monument St.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

Stewfenkins & Sons Co  
Funeral directors

Greenwood Cem

Funeral Monday Sept 17<sup>th</sup> 1906

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James Dandoz</i>		Town <i>Mt Hope</i>		County <i>Retriah</i>		Baltimore		MARYLAND	
Died at		Month <i>Sept</i>		Day <i>25</i>		Years <i>52</i>		Months _____	
Date of death		<i>1906</i>		<i>25</i>		<i>52</i>		Days _____	
Sex <i>White Male</i>		Color or Race <i>White</i>		Birth-place <i>Scotland</i>					
Occupation <i>Optic Dealer</i>		Where Residing if not at place of death <i>228 Richmond St</i>		<i>Baltimore Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>unknown</i>							
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>							
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>							
Name of person giving information <i>Reeds Mt Hope</i>		How related to deceased							

## CAUSES OF DEATH

Primary *Chronic Gastritis* *104* How long \_\_\_\_\_

Immediate *Ex. Cerebral Congestion* How long *24 hrs -*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

*Frank J. Flannery, M.D.*

Address

*Mt Hope Retriah,  
Baltimore Co., Md.*Accident or Suicide? *Yes*PHYSICIAN  
OR CORONER



Name  
in  
Full

Lillian Marie Eberman.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Howard Park		County Baltimore		MARYLAND	
Date of death 1906	Month September	Day 8	Age	Years 27	Months 10	Days 13	
Sex Female	Color or Race White		Birth- place Baltimore				
Married, Single or Widowed		Married		Occupation			
Name of <del>Wife</del> Husband		Paul V. Eberman.					
Father's Name		Joseph Hutchins.				Father's Birthplace Virginia	
Mother's Maiden Name		Nannie McMullen				Mother's Birthplace Baltimore.	
Name of person giving In formation		Clara Hutchins				How related to deceased Sister	

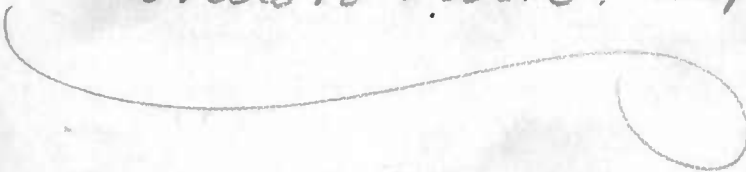
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Ante partum eclampsia		How long	
Immediate			How long	evident only one day.
Are the name, age, sex, color, date and place correctly given above?		yes.	Signature of Physician J. F. Shemwell	
			Address 2226 Madison ave.	
Accident or Suicide?		no		

Dr. Hargrave.

London Park. Sept. 10, 06.



Name  
in  
Full

Corra S. Ehrhardt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	11	49			
Sex	Female	Color or Race	White	Birth-place	Balto Co Md		
Occupation	House wife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
John J. Ehrhardt							
Father's Name	William Cole		Father's Birthplace				
Harford Co Md							
Mother's Maiden Name	Mary L. Wells		Mother's Birthplace				
" " " "							
Name of person giving information	Marion J. Mettman		How related to deceased				
Sister							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	3 years
Immediate	Cardiac weakness	How long	3 mo
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. R. Rance	
Address		Glyndon	
Accident or Suicide?		No	





Name  
in  
Full

Edwood Ferguson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Carney</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	Sept.	Day	27th	Age	0
Sex	Male	Color or Race	White	Birthplace	near Carney		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	John Ferguson				Father's Birthplace	Penna.	
Mother's Maiden Name	S. Cordelia Burton				Mother's Birthplace	Md.	
Name of person giving information	John Ferguson				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tetanus Infantum</i>	How long	<i>40 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. J. Harrison</i>
		Address	<i>Loock Raven</i>
Accident or Suicide?			

Entertainment  
family Cent

Geo. W. Grammer  
undertaken

Name  
in  
Full

## CERTIFICATE OF DEATH

Chris Fischer.

Town

County

Died at

Belgravia Baltimore Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1906

Sept.

20th.

Age

80

5

Sex

Male.

Color or  
Race

White

Birth-  
place

Germany

Occupation

Gardner.

Where Residing if not  
at place of death

Married, Single

Widowed

Name of Wife or  
Husband

Mary.

Father's  
NameFather's  
Birthplace

Germany

Mother's  
Maiden NameMother's  
Birthplace

Germany

Name of person giving  
information

John Keonig

How related  
to deceased

Sons in law

## CAUSES OF DEATH

Primary

Old age

How long

154

Immediate

How long

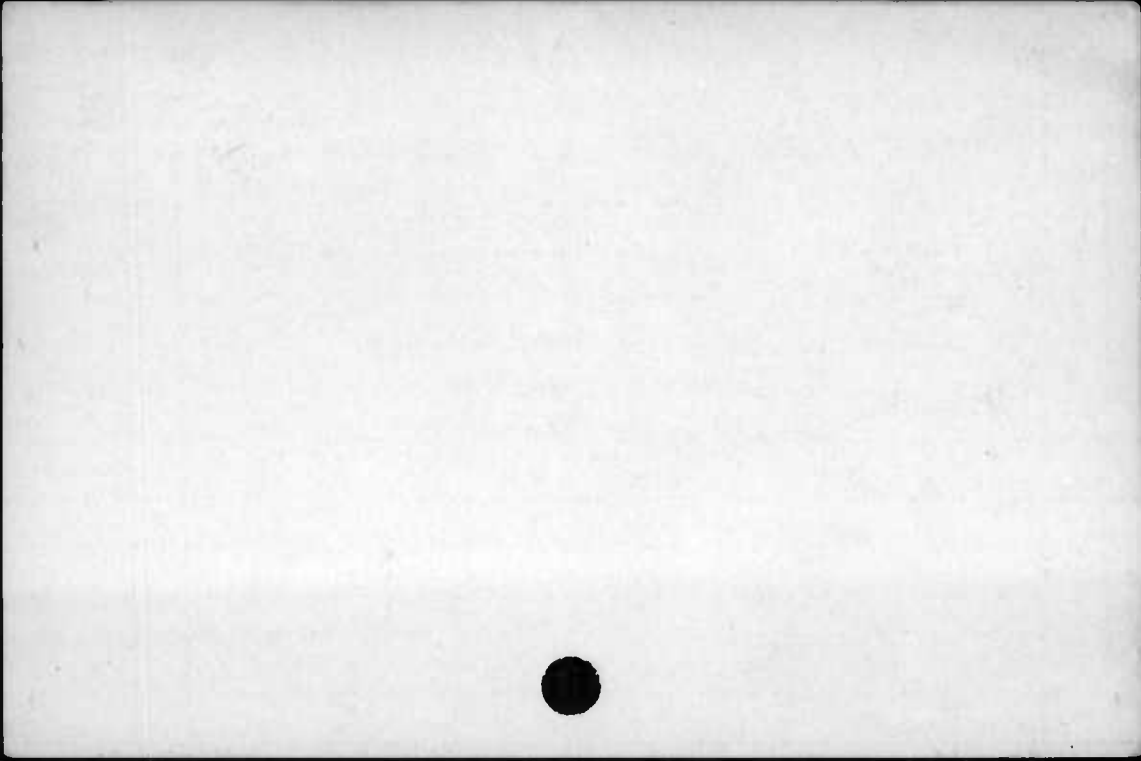
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J B Webster  
Belgravia  
Belair Road.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

Anna. K. Fleagle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Garrettsown</u> <sup>Town</sup>		<u>Beta</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Year</sup>	<u>Sept</u> <sup>Month</sup>	<u>26</u> <sup>Day</sup>	<u>19</u> <sup>Years</sup>	<u>9</u> <sup>Months</sup> <u>11</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Beltzman</u>
Occupation	<u>Nine</u>	Where Residing if not at place of death <u>Garrettsown</u>			
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband <u>C</u>			
Father's Name	<u>Charles. M. Fleagle</u>			Father's Birthplace	<u>Pa</u>
Mother's Maiden Name	<u>Minnie, Griesman</u>			Mother's Birthplace	<u>Beta</u>
Name of person giving information	<u>Miss Lizzie Griesman</u>			How related to deceased	<u>Sunt</u>

## CAUSES OF DEATH

Primary	<u>Ph thisis Pulmonitis</u>	How long	<u>one year</u>
Immediate	<u>Incurable Pulitis</u>	How long	<u>3 months</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>L. M. Lumsden</u>	
<u>yes</u>		Address <u>602 A Phea St.</u>	
Accident or Suicide?			

PHYSICIAN  
OR CORONER

For Joerlens. Sen

217 S. Beech

Bell me

Mount Olivet Bell

Name  
in  
Full

Albert Foard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

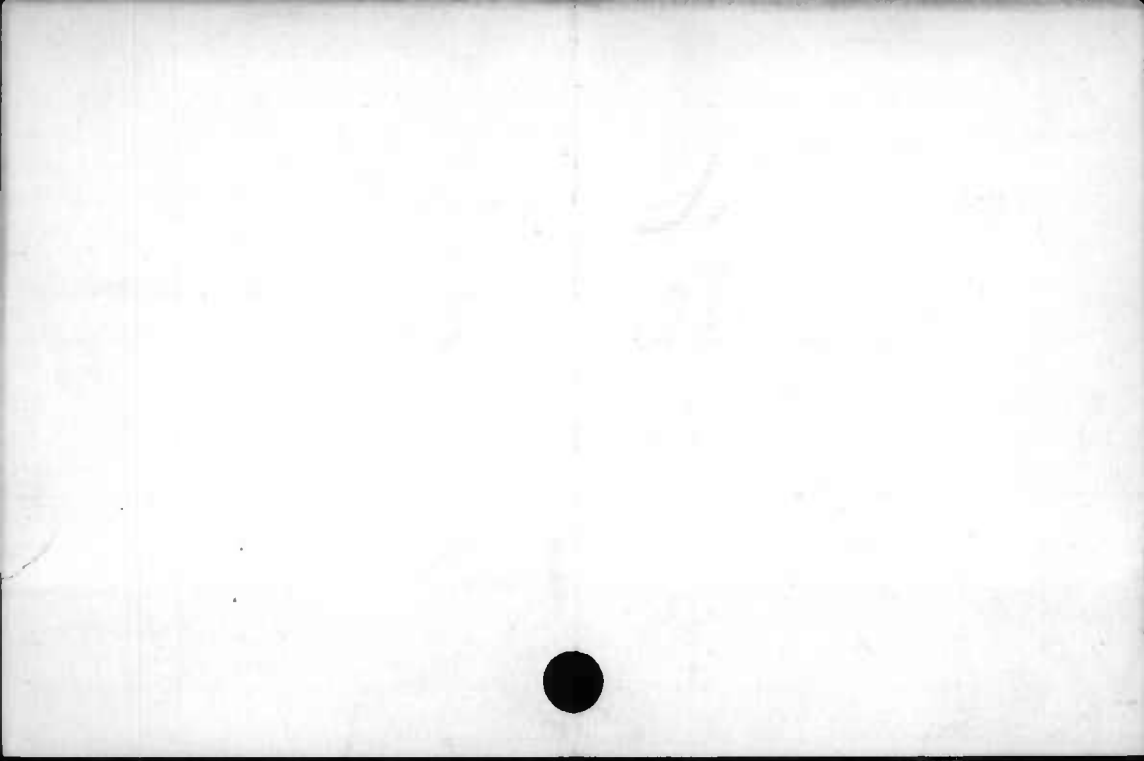
Died at <u>Fork</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>Sept.</u>	Day <u>20</u>	Years <u>54</u>	Months	Days
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of wife <u>Laura Foard (nee Haile)</u>				
Father's Name <u>Sylvester Foard</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Anna Clayton</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>Leonard Foard</u>	How related to deceased <u>Brother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Indigestion acute</u>	How long	<u>2 hours</u>
Immediate	<u>Cardiac Syncope</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Mr. A. Green</u>	
		Address <u>Esittings</u>	

Accident ~~or~~ Suicide?





Name  
in  
Full

Forbes, Joseph Harris

CERTIFICATE OF DEATH

Died at		412 Hawthorne Road, Roland Park Baltimore		County		BALTIMORE		MARYLAND	
Date of death		Month	Day	Years	Months	Days			
1906		Sept.	18	68	9				
Sex	Male		Color or Race	White		Birthplace	St Mary's Co, Md.		
Occupation	Brewer		Where Residing if not at place of death		Annapolis, Md.				
Married, Single or Widowed	Widowed		Name of Wife or Husband		Fannie Lightfoot Fowler				
Father's Name	(Colonel) George Forbes		Father's Birthplace		Md.				
Mother's Maiden Name	Mary Eleanor Harris		Mother's Birthplace		"				
Name of person giving information	George Forbes (son)		How related to deceased		Elder son				

CAUSES OF DEATH

Primary	Cancer of Stomach	How long	11 months
Immediate	Hemorrhage of Stomach	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Julius Frankenthal
		Address	11. Franklin St
Accident or Suicide?			

TO BE ANSWERED BY  
NEAREST FRIEND

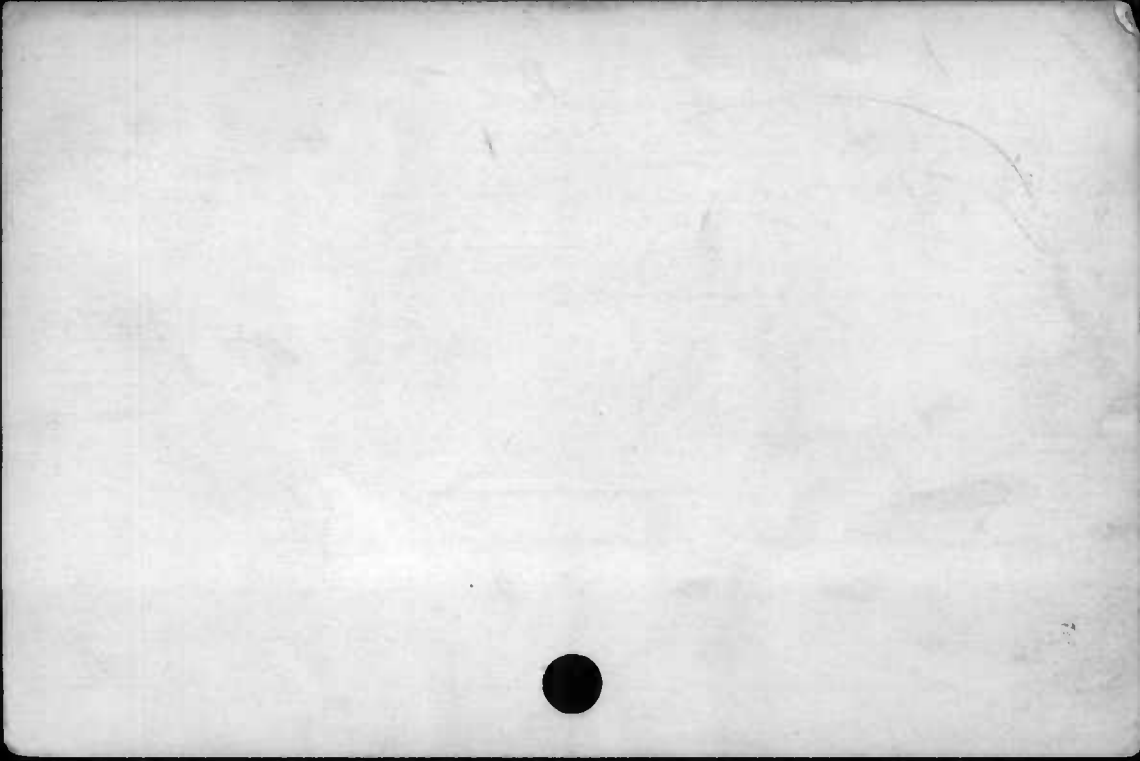
PHYSICIAN  
OR CORONER

1

Henry W. Jenkins Son  
D Co. from Roland Park  
to Annapolis M D

# CERTIFICATE OF DEATH

### CAUSES OF DEATH



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Eliza J. Forsythe*

Town *Sparrow Point* County *Baltimore* MARYLAND

Died at *Sparrow Point Baltimore*

Date of death *1906 Sept. 12* Age *65* Months *—* Days *—*

Sex *Female* Color or Race *white* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *Sparrow Point*

Married, Single or Widowed *Widow* Name of Wife or Husband *—*

Father's Name *Aman Shipley* Father's Birthplace *Pa*

Mother's Maiden Name *Black* Mother's Birthplace *Pa*

Name of person giving information *Joe A. Forsythe* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *General senile debility* How long *several months*

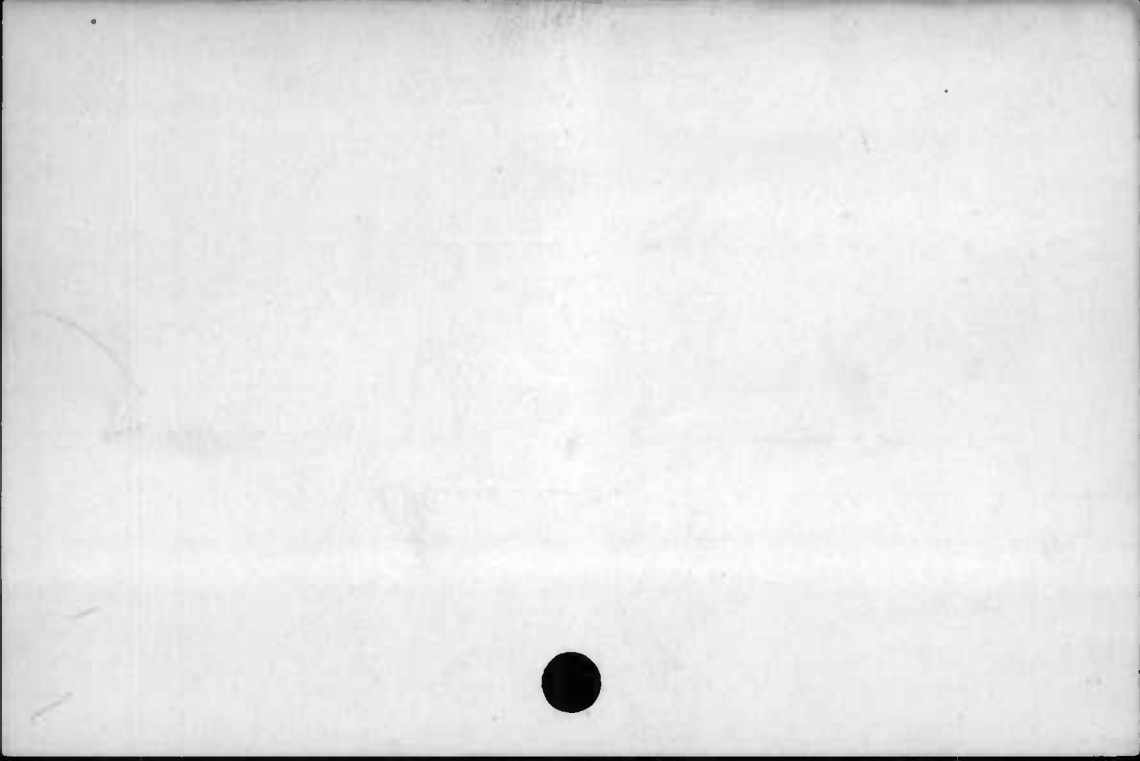
Immediate *Paralysis* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. E. M. McCormick, M.D.*

Address *Sparrow Point Md.*

Accident or Suicide? *no*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Annis E Fryfozle</i>		Town <i>Pandalltown</i>		County <i>Bath</i>		State <i>MARYLAND</i>	
Died at		Month <i>Sept</i>		Day <i>1</i>		Years <i>83</i>	
Date of death <i>1906</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Seymour</i>					
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>overland</i>					
Father's Name <i>OK</i>		Father's Birthplace <i>OK</i>					
Mother's Maiden Name <i>OK</i>		Mother's Birthplace <i>OK</i>					
Name of person giving information <i>Geo W Constantine</i>		How related to deceased <i>Son in law</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

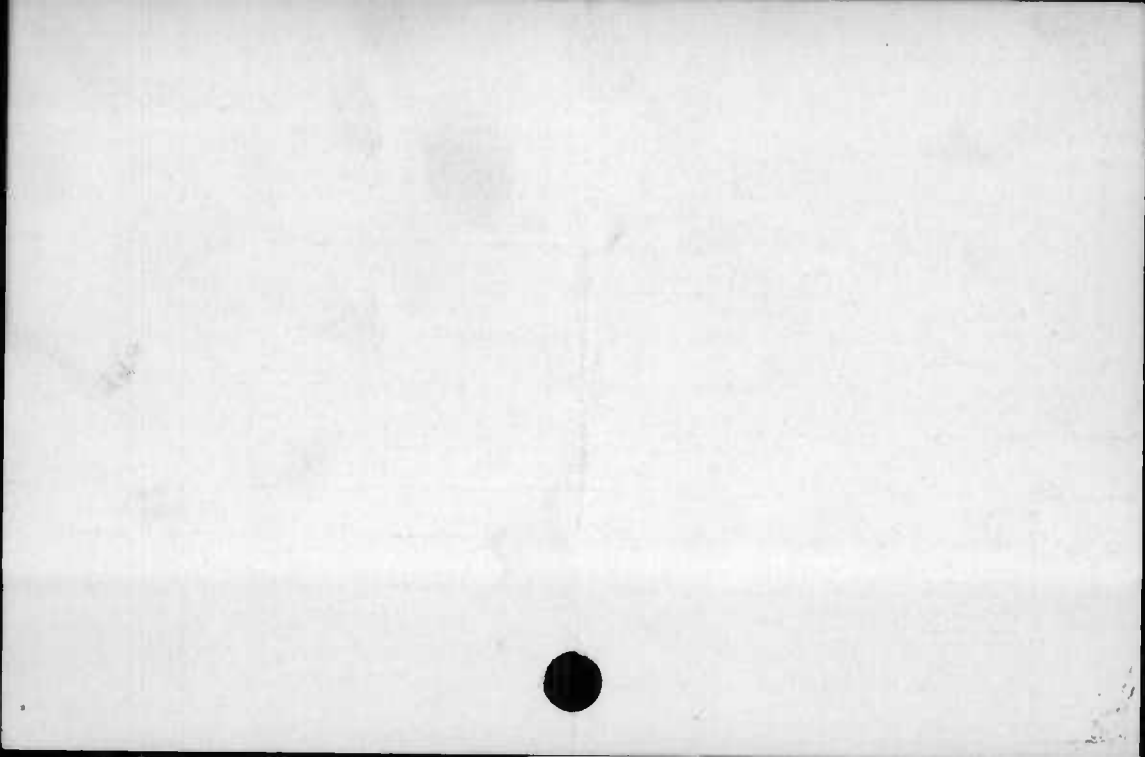
Signature of Physician

Address

Accident or Suicide?

How long

How long





Name  
in  
Full

Michael Patrick J. Garland

## CERTIFICATE OF DEATH

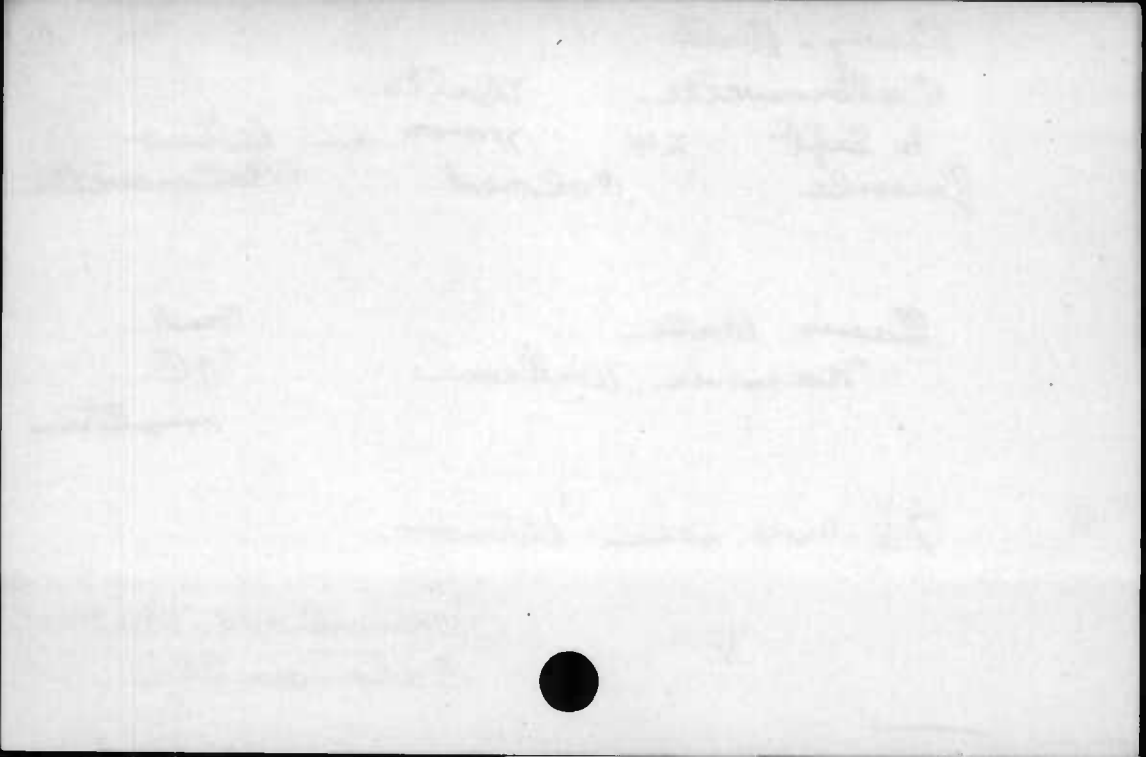
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month	Day	Age	Years	Months
<i>1906</i>	<i>Sept</i>	<i>22</i>	<i>41</i>	<i>1</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Ireland</i>		
Occupation <i>Clerk.</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband <i>Mary Garland</i>			
Father's Name <i>Joseph. Garland</i>		Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Kane</i>		Mother's Birthplace <i>"</i>			
Name of person giving In formation <i>Mary Garland</i>		How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Alcoholism</i>	How long	<i>56</i>
Immediate	<i>Shock</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J W Shaw.</i>	
		Address <i>St Agnes Hospital</i>	
Accident or Suicide?			



William M. Hale

Died at <sup>Town</sup> White Horse <sup>County</sup> Balto County

MARYLAND

Date 1890 <sup>Month</sup> Sept. <sup>Day</sup> 25 <sup>Y.</sup> <sup>M.</sup> <sup>D.</sup> <sup>Native of</sup> Md <sup>Occupation</sup>

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's Name John O. Hale

Mother's Name Emma Hale

Cause of Death { Primary Fall

Death { Immediate Meningitis & Paralysis

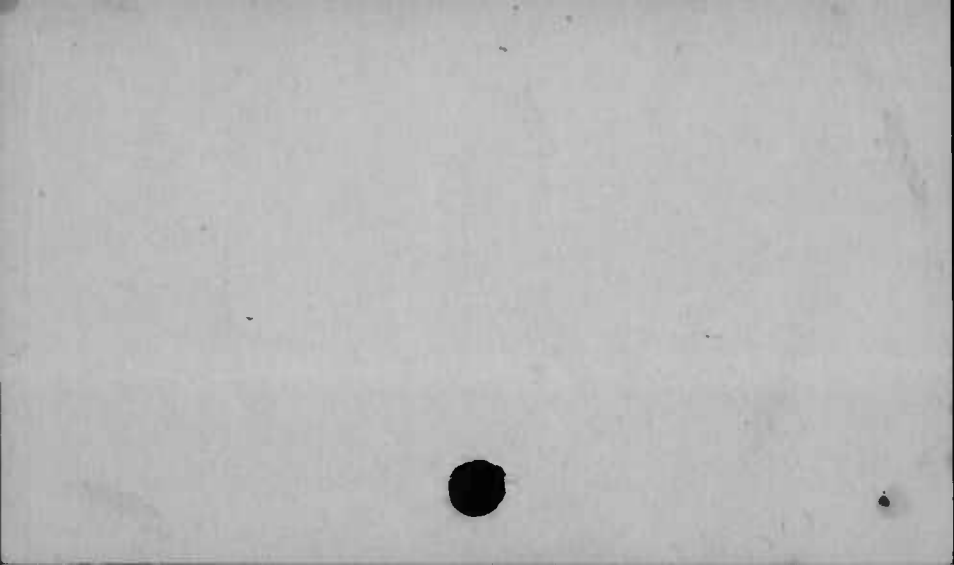
How long sick 2 weeks

Accident, Suicide, Homicide

Reported by R. C. Wells M.D.

Address Hampstead Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Baby. Hall

## CERTIFICATE OF DEATH

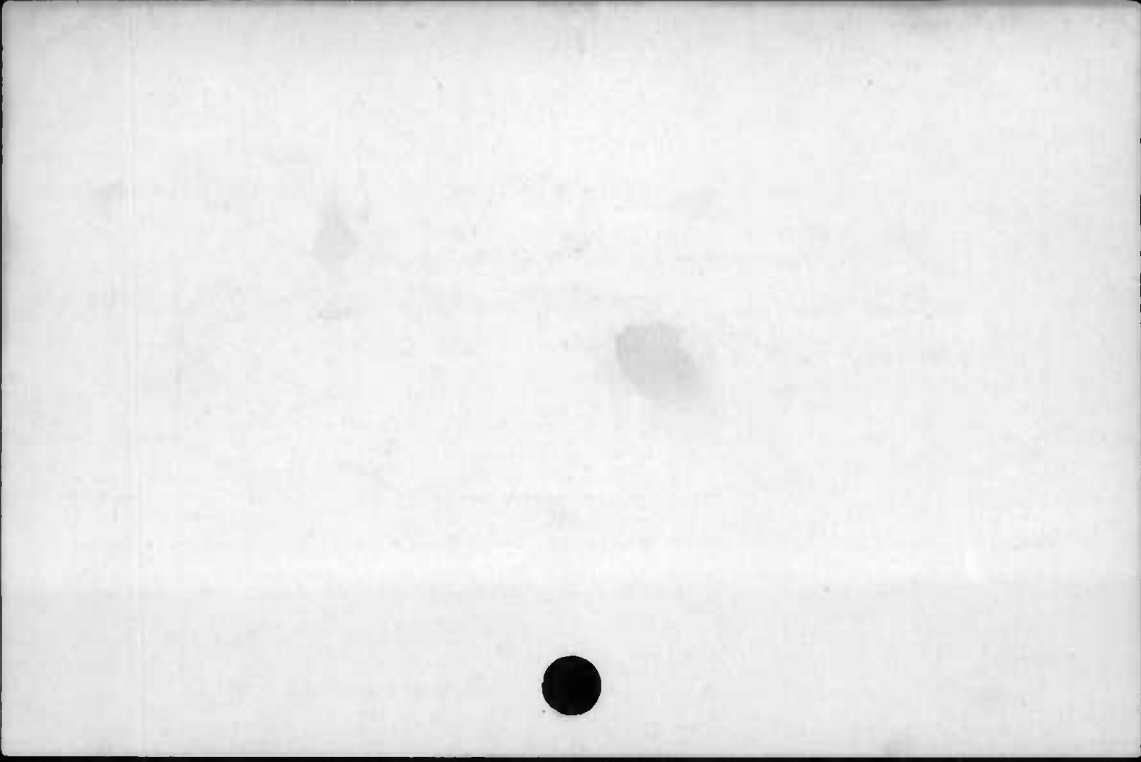
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Catonsville</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death <u>1906 Sept-</u> <small>Month</small>		<u>24</u> <small>Day</small>	Age <u>7 mos</u> <small>Years</small>	<u>in</u> <small>Months</small>	<u>Utero</u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>Colored</u>		Birth place <u>Catonsville</u>		
Occupation <u>                    </u>			Where Residing if not at place of death <u>                    </u>		
Married, Single or Widowed <u>                    </u>			Name of Wife or Husband <u>                    </u>		
Father's Name <u>Louis Hall</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Nannie Wilson</u>			Mother's Birthplace <u>NC</u>		
Name of person giving information <u>" "</u>			How related to deceased <u>mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>7 1/2 mos in utero</u>	How long <u>                    </u>
Immediate <u>                    </u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall West</u>
	Address <u>Catonsville</u>
Accident or Suicide? <u>                    </u>	



Name  
in  
Full

Thomas Edward Hambleton -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Country seat "Hambleton"</i>		Town <i>Lutherville</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1906	Month	September	Day	Twenty-first	Years	Age
						Months	Days
						four	three
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth-place	<i>New Windsor, Carroll Co. Md.</i>
Occupation	<i>Retired Banker</i>			Where Residing If not at place of death			
Married, Single or Widowed	<i>married</i>			Name of Wife or Husband <i>Theodora - nee Barnard</i>			
Father's Name	<i>Thomas Edward Hambleton</i>					Father's Birthplace	<i>Aberdeen Maryland</i>
Mother's Maiden Name	<i>Sarah Ann Shingluff</i>					Mother's Birthplace	<i>Carroll County Md.</i>
Name of person giving information	<i>Frank Sherwood Hambleton</i>					How related to deceased	<i>Son -</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>La Grippe</i>		How long	<i>2 1/2 days</i>
Immediate	<i>Acute Nephritis</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>H. Burton Shrover</i>
			Address	<i>Riden, Md</i>
Accident or Suicide?				

Henry H. Jenkins & Sons Co  
233 N. Saratoga St.

Place of Burial

Greenmount Cem

Monday Sept 24<sup>th</sup> 86



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Wt Washington* <sup>Town</sup>*Balt* <sup>County</sup>Date of death *1906* <sup>Month</sup> *Sept.* <sup>Day</sup> *7*Age *2* <sup>Years</sup>*2* <sup>Months</sup> *2* <sup>Days</sup>Sex *Male*Color or Race *white*Birth-place *Wt Washington*Occupation *In bank.*Where Residing if not at place of death *Wt Washington*Married, Single or Widowed *Single.*

Name of Wife or Husband

Father's Name *W. E. Hardley*Father's Birthplace *Wt Washington*Mother's Maiden Name *Ida M. Sprousser.*Mother's Birthplace *Okla.*Name of parson giving information *W. E. Hardley*How related to deceased *Father*

## CAUSES OF DEATH

Primary *Premature Birth*How long *2 days*Immediate *Exhaustion*How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *C. H. Beeten*Address *Wt Washington*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

1

A. S. Mayo Hall 3539 Fall Road  
St Marys. County Hampshire  
Sept 2 - 1906.

Name  
in  
Full

Helen Harris

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Balw. Co. <sup>County</sup> Almondhouse

MARYLAND

Date of death 1906 <sup>Month</sup> 9 <sup>Day</sup> 29 <sup>Years</sup> Age 40 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> Negro <sup>Birth-place</sup>Occupation <sup>Where Residing if not at place of death</sup>Married, Single or Widowed widowed <sup>Name of Wife or Husband</sup> Alice Harris

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Lizzie Williams

How related to deceased

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis Do not know

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. Thos. C. Bussey  
Texas  
Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Robt A Elliott  
undertaker  
506 Rogers Ave  
Turson Calaveras Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

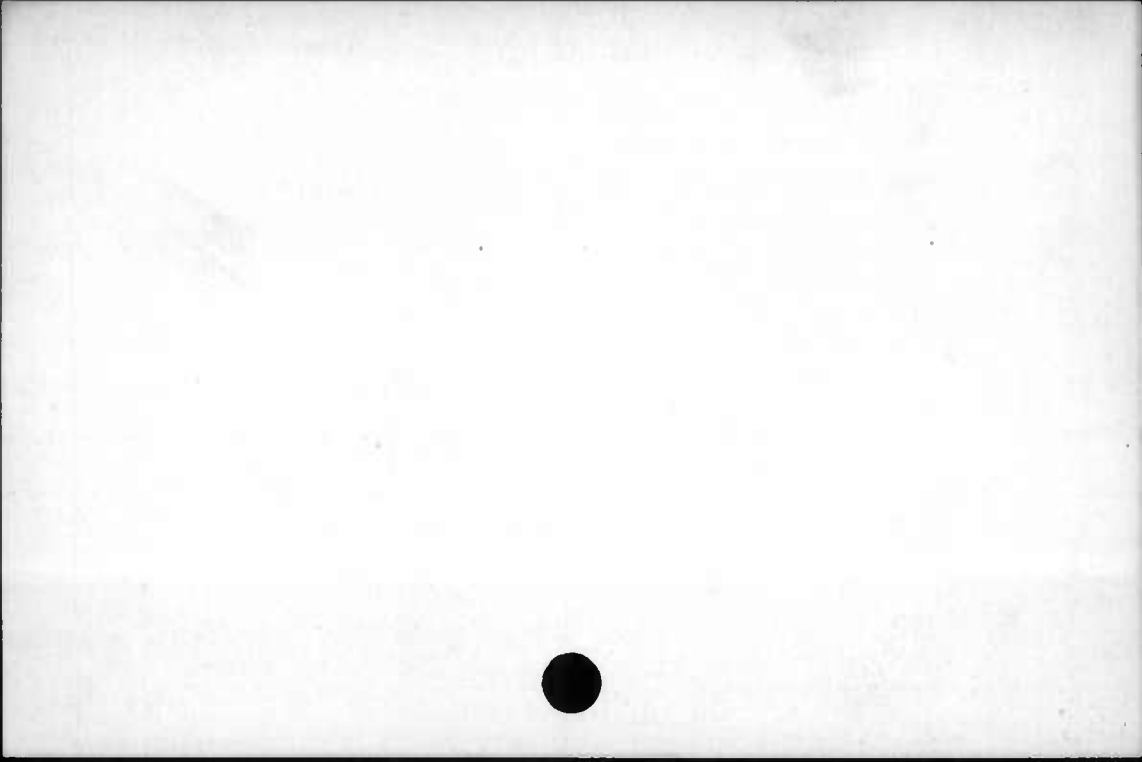
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>York Rd in Baltimore</i>		Town <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND					
Date of death <i>1906</i>		Month <i>Sept.</i>		Day <i>20</i>		Years <i>49</i>		Months <i>9</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>							
Occupation <i>Manager</i>				Where Residing if not at place of death							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>John Hartman</i>				Father's Birthplace <i>Germany</i>							
Mother's Maiden Name <i>Louisa Hosfross</i>				Mother's Birthplace <i>Germany</i>							
Name of person giving information <i>Louisa Hartman</i>				How related to deceased							

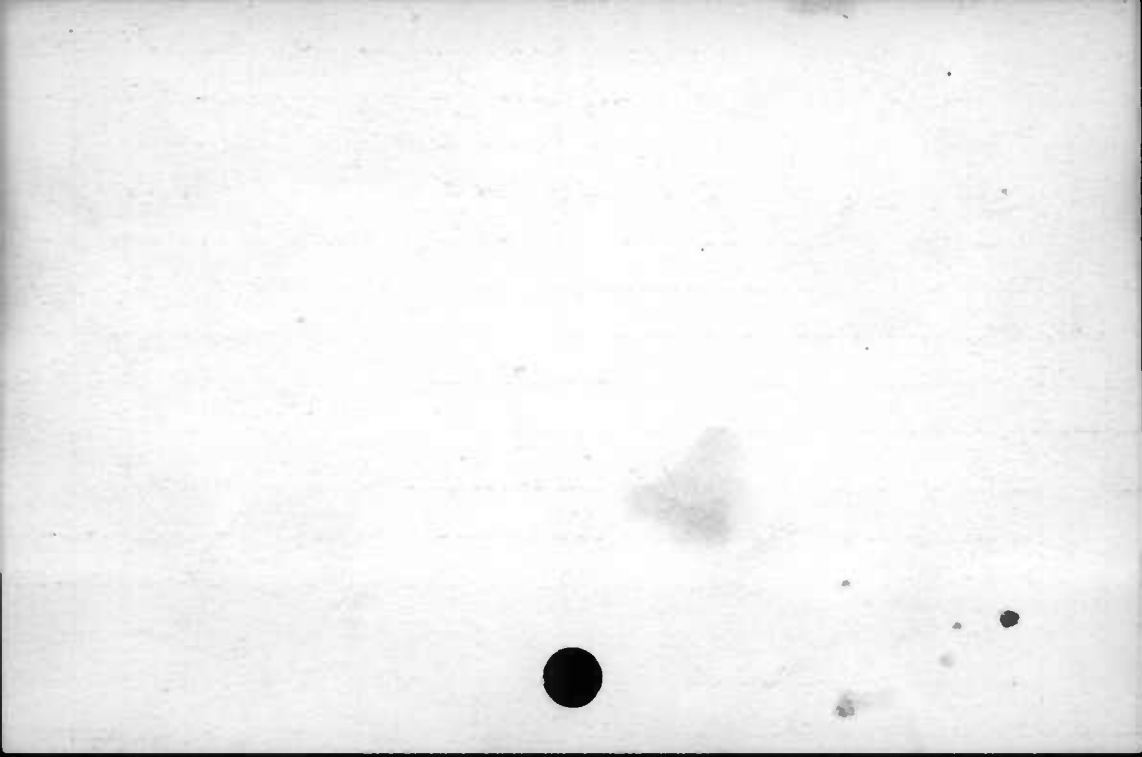
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Endocarditis &amp; Bright's disease</i>		How long	
Immediate <i>Nephritis</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Chas S Bruck</i>	
<i>Obtained from City Clerk</i>		Address <i>500 E 20th St.</i>	
Accident or Suicide?			



Name in Full		Mrs A E Hastings				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Rossville		Bald										
	Date of death	1906	Month	Sept	Day	5	Age	Years	76	Months		Days	
	Sex	Female		Color or Race	White		Birth-place	Md					
	Occupation						Where Residing if not at place of death						
	Married, Single or Widowed	Widow		Name of Wife or Husband									
PHYSICIAN OR CORONER	Father's Name						Father's Birthplace						
	Mother's Maiden Name						Mother's Birthplace						
	Name of person giving information						How related to deceased						
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary						How long						
	Cerebral apoplexy						6 mo						
	Immediate						How long						
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician						
							Address						
						6 V. Mace							
						Rossville							
						Md							
Accident or Suicide?													





Name  
in  
Full

Theresa Mearch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Highlandtown* <sup>County</sup> *Baltimore*

Date of death 1906 <sup>Month</sup> *Sept* <sup>Day</sup> *27* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *1* <sup>Days</sup> *14*

Sex *Male* Color or Race *White* Birth-place *Balt. C.*

Occupation *—* Where Residing if not at place of death *608 S. Clinton St.*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *George A. Kirsch* Father's Birthplace *Maryland*

Mother's Maiden Name *Ester Myers* Mother's Birthplace *Maryland*

Name of person giving information *George A. Kirsch* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Marasmus* How long *—*

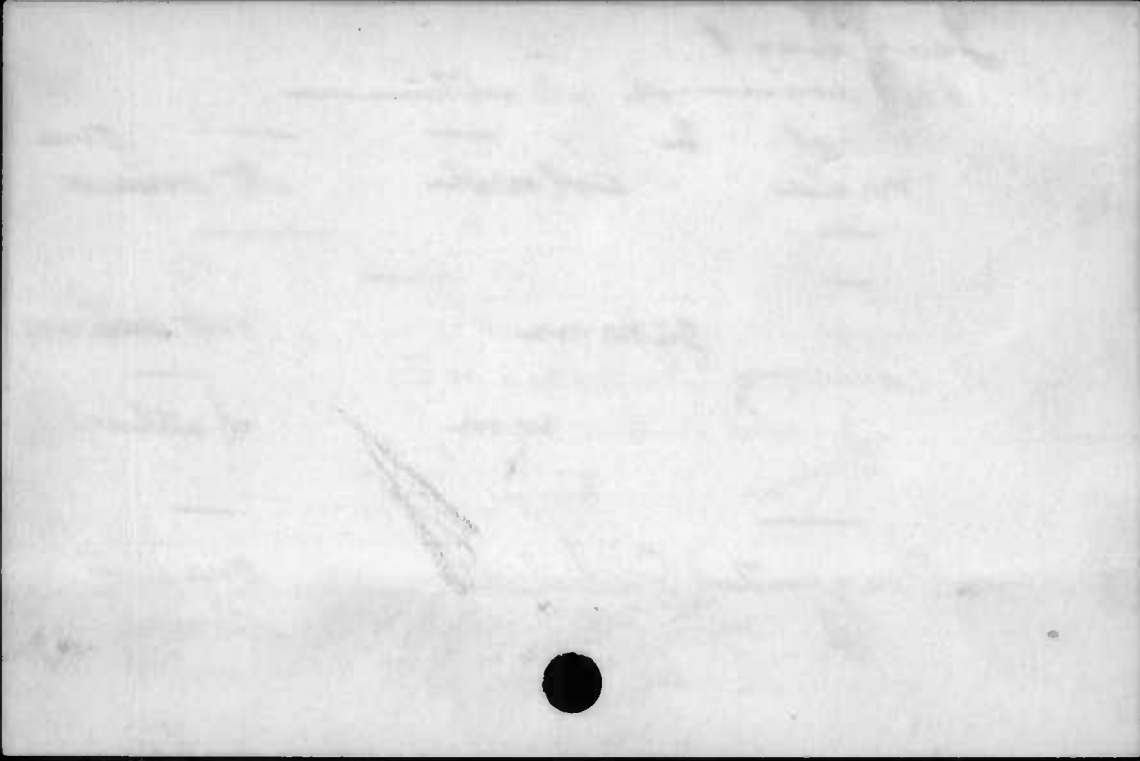
Immediate *Asthemia* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

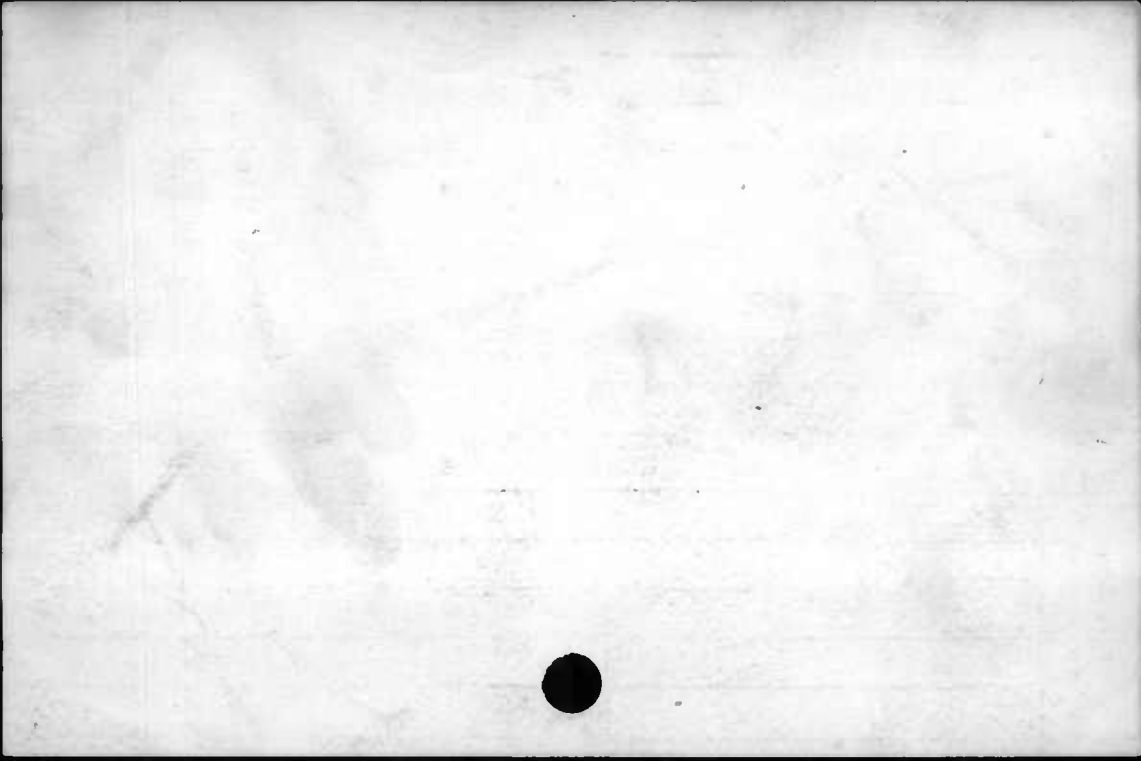
Signature of Physician *G. C. Thieme M.D.*

Address *1135 Highland Ave.*

Accident or Suicide? *No*



Name in Full		Hedge				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>mt wmar</i>		County <i>Baltimore</i>		MARYLAND		
	Date of death	Month <i>Oct.</i>	Day <i>2</i>	Age	Years <i>—</i>	Months <i>—</i>	
	Sex <i>male</i>		Color or Race <i>colored</i>		Birthplace <i>mt wmar</i>		
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>				
	Father's Name <i>James Hedge</i>				Father's Birthplace <i>mt wmar</i>		
PHYSICIAN OR CORONER	Mother's Maiden Name <i>Anna Bobison</i>				Mother's Birthplace <i>—</i>		
	Name of person giving information <i>James Hedge</i>				How related to deceased <i>father</i>		
	CAUSES OF DEATH						
	Primary <i>—</i>		(151)		How long <i>—</i>		
Immediate <i>Congenital Debility</i>				How long <i>one day</i>			
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. V. Glavin</i>		Address <i>mt wmar</i>			
Accident or Suicide? <i>md.</i>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *705 Roland Ave. Roland Park* *Balto.* CountyDate of death *1906* Month *Sept.* Day *26* Age *71* Years Months *11* Days *21*Sex *Male* Color or Race *white* Birth-place *Balto. Md.*Occupation *Physician* Where Residing if not at place of death *residence*Married, Single or Widowed *Married* Name of Wife or Husband *Luciah R. Helsby*Father's Name *Sam'l J. Helsby* Father's Birthplace *—*Mother's Maiden Name *Eliz. Schultz* Mother's Birthplace *—*Name of person giving information *Luciah R. Helsby* How related to deceased *wife*

## CAUSES OF DEATH

Primary *Diabetes* How long *12 years*Immediate *Diabetic Coma* How long *6 days*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *M. Gibson Porter*  
Address *Roland Park Md.*Accident or Suicide? *No*

Loudan, Park,

E. Madison Mitchell  
1201 W. Fayette St

Q

Name  
in  
Full

Amos Alexander Henderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Philopolis</i>		County <i>Balto.</i>		MARYLAND	
Date of death		Month <i>9</i>	Day <i>13</i>	Years <i>44</i>	Months <i>4</i>	Days <i>26</i>	
Sex <i>Male</i>		Color or Race <i>Col.</i>		Birth-place <i>Ind</i>			
Occupation <i>Preacher</i>				Where Residing if not at place of death <i>Philopolis</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Blanche Henderson</i>					
Father's Name <i>David Henderson</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Marg't Richardson</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Blanche Henderson</i>				How related to deceased <i>wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ty phoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Wilmer C. Enos M.D.</i>	
		Address	
		<i>Cockeyville, Ind.</i>	
Accident or Suicide?			

Interment at Stevenson  
Chapple Cemetery  
Sep 15-<sup>th</sup>



Name  
in  
Full

Elizabeth L. Henderson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Philomolis</i> <sup>Town</sup>		<i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>3</i>	Years <i>6</i>	Months <i>11</i>	Days <i>23</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind.</i>			
Occupation _____	Where Residing if not at place of death <i>Philomolis</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____				
Father's Name <i>Amos Henderson</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Blanche Hall</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Blanche Hall</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks</i>
Immediate <i>Nephritis</i>	How long <i>1 week</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Walter C. Owen M.D.*  
*Cockeysville*  
*Ind.*

Accident or Suicide?

This is the Card  
from Dr Ensor I  
booked for.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sister Margaret Hennessey</i>		Town <i>St. Agnes Hospital</i> County <i>Baltimore</i>		MAYLAND	
Died at <i>St. Agnes Hospital</i>		Month <i>Sept.</i> Day <i>11</i>		Years <i>51 yrs</i>	Months <i></i> Days <i></i>
Date of death <i>1906</i>	Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>St. Louis, Mo.</i>	
Occupation <i>Sister of Charity</i>			Where Residing if not at place of death <i></i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>			
Father's Name <i>Michael Hennessey</i>			Father's Birthplace <i>Ireland</i>		
Mother's Maiden Name <i>Mary Keough</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Dr. Raphael</i>			How related to deceased <i>Superior</i>		

## CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary <i>Intestinal obstruction</i>	How long <i>Three weeks.</i>
Immediate <i>Colloper</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Shaw</i>
	Address <i>St Agnes' Hospital</i>
	<i>City.</i>
Accident or Suicide? <i></i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Sept</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	Months <i>—</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto Co.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Valentine Herget</i>	Father's Birthplace <i>A. A. Co. Md.</i>				
Mother's Maiden Name <i>Laura Schmidt</i>	Mother's Birthplace <i>Balto Co. Md.</i>				
Name of person giving information <i>Valentine Herget</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

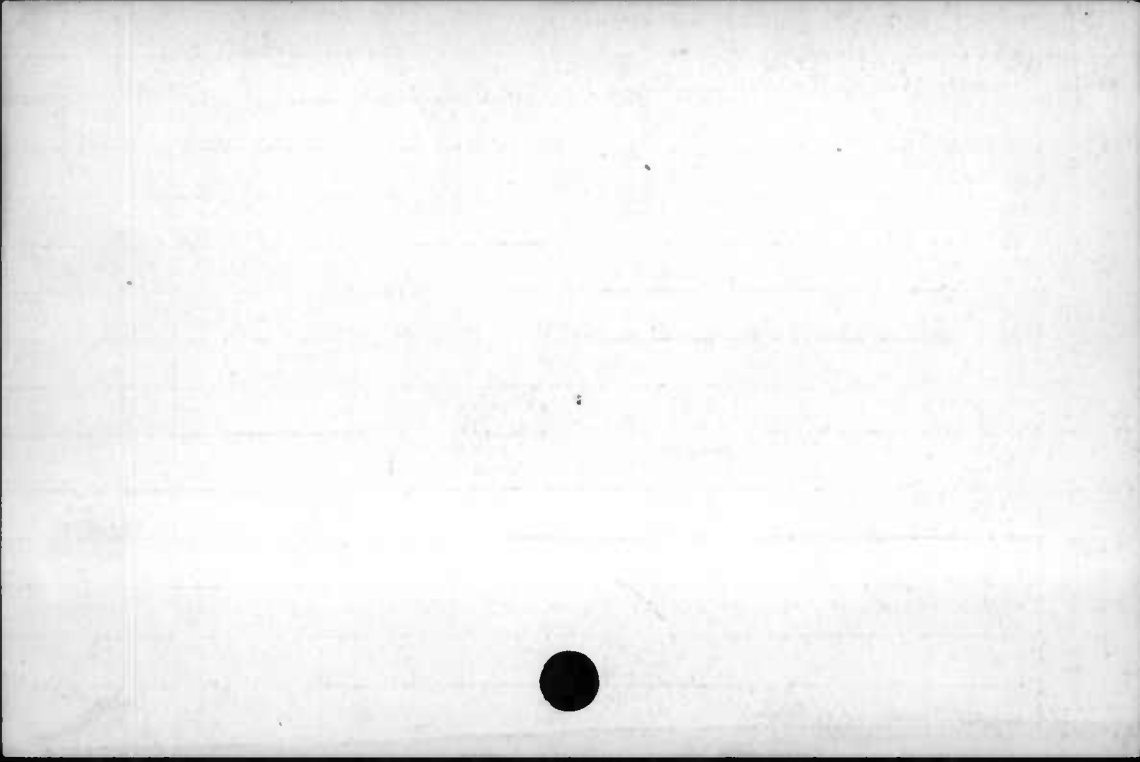
Primary <i>Septicemia</i>	How long <i>20</i>	How long <i>2 wks.</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. F. A. Slautz</i>	Address <i>41 Eastern Ave.</i>
Accident or Suicide?		

Sacred Heart Cemetery

Sept 8<sup>th</sup> 1904

Gertrude France

Name In Full		Town		County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		312 Tacoma Street, Ballston		MARYLAND			
		Date of death	1906	Month	sep	Day	23	Years	67
		Sex		Female		Color or Race		White	
		Occupation		House wife		Birthplace		Washington D.C.	
		Where Residing if not at place of death		312 Tacoma St.					
		Married, Single or Widowed		Widow		Name of Wife or Husband		Alexander Hugdon	
		Father's Name		John Allison		Father's Birthplace		Washington D.C.	
		Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Wm Duff		How related to deceased		Son-in-law			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary		Typhoid Fever		How long		14 days	
		Immediate		Exhaustion		How long		-	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Wm B. Ballye, Jr.	
		Address		828 N. Carroll Ave					
Accident or Suicide?									





Name  
In  
Full

CERTIFICATE OF DEATH

*Martina E. Hill*

TO BE ANSWERED BY  
NEAREST FRIEND

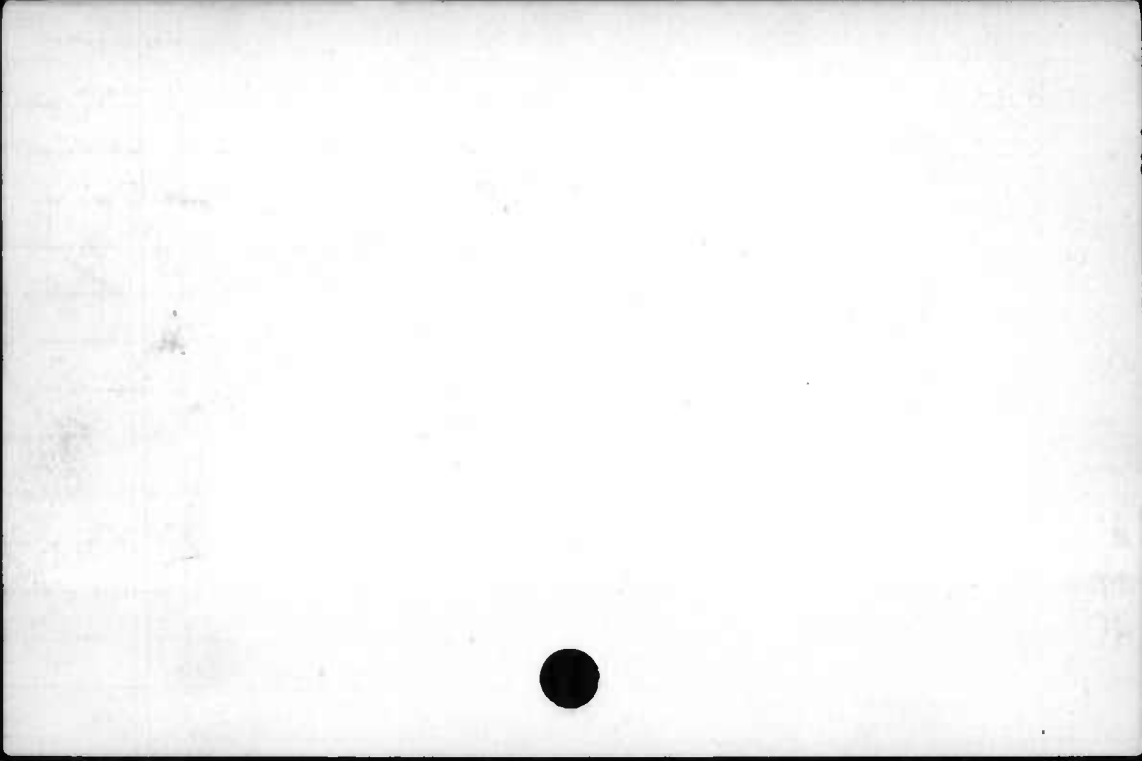
MARYLAND

Died at <i>Mt Hope Retreat</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>	
Date of death <i>1906</i>	<i>Sept</i> <sup>Month</sup>	<i>21st</i> <sup>Day</sup>	<i>80 odd</i> <sup>Years</sup>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Virginia</i>
Occupation <i>None</i>		Where Residing if not at place of death <i>Baltimore Md -</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Unknown</i>	
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>	
Name of person giving information <i>Reed, Mt Hope Retreat</i>		How related to deceased <i>Not at all</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senility -</i>	<i>106</i>	How long <i>3 or 4 years</i>
Immediate <i>Ex - Diarrhoea</i>		How long <i>abt 4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>	<i>Baltimore Md -</i>
Address <i>Mt Hope Retreat</i>		
Accident or Suicide? <i>—</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

Date

of death

Town

mrsport

County

Baltimore

MARYLAND

Month

9

Day

2

Years

22

Age

Months

Days

Sex

Male

Color or  
Race

white

Birth-  
place

Md

Occupation

Laborer

Where Residing if not  
at place of death

1927 Wilhelms St

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation

Henry Bender

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Falling in spring garden

How long

Immediate

Drowning

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

August W. Miller (Coroner)

100 W. Union

Baltimore Md

Accident or Suicide?

Accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Permission is hereby given to Nicolas Punt  
Puntaker, to Remove Body of Harry Hoffman  
to Balto City-

Witness My Hand and Seal

August W. Miller  
(Coroner)

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>William Henry Hoffman</i>									
Died at <i>Moukton</i> <sup>Town</sup>					<i>Baltimore</i> <sup>County</sup>				
MARYLAND									
Date of death 190 <i>6</i>		Month <i>Sept</i>		Day <i>14</i>		Age <i>27</i>		Years <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Moukton, Md.</i>		Months		Days <i>27</i>	
Married, Single or Widowed <i>single</i>					Occupation _____				
Name of Wife or Husband _____									
Father's Name <i>George W Hoffman</i>					Father's Birthplace <i>Baltimore</i>				
Mother's Maiden Name <i>Alita Johann Gause</i>					Mother's Birthplace <i>Germany</i>				
Name of person giving information <i>Marie Gause</i>					How related to deceased <i>Aunt</i>				

## CAUSES OF DEATH

Primary	<i>Cerebro spinal Meningitis</i>	How long	<i>1 month</i>
Immediate	<i>Gangrene of mouth</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A.R. Mitchell</i>	
		Address <i>Moukton, Md.</i>	
Accident or Suicide?			

PHYSICIAN  
OF CORONER



Name  
in  
Full

Mary Hollyday

## CERTIFICATE OF DEATH

MARYLAND

Died at

Calumet

Town

Bath

County

Date

of death 1906 Sept

Month

18

Day

Age

56

Years

Months

Days

Sex

Female

Color or  
Race

W

Birth-  
place

Md

Occupation

None

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

David Hollyday

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Eleanore Riley

Mother's  
Birthplace

Md

Name of person giving  
information

Sallie Hollyday

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Ch Interstitial Nephritis

How long

120 years

Immediate

Crima

How long

24 h

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Dr L Mayfield  
Calumet  
Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
In  
Full

Mrs Susan Howard

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cockeysville</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death <i>1906 Sept</i>		Month <i>26</i>		Day <i>82</i>		Age <i>82</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Philopoli</i>		Months <i>0</i>	
Occupation <i>Wm. Howard</i>		Where Residing if not at place of death		Years <i>4</i>		Days <i>4</i>	
Married, Single or Widowed		Name of Wife or Husband <i>Harriet Farrell Howard</i>					
Father's Name <i>John Cohoon</i>		Father's Birthplace <i>England</i>		Mother's Name <i>Sarah Cowley</i>		Mother's Birthplace <i>England</i>	
Name of person giving information <i>Mrs J Morton</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gastric Cancer</i>	How long <i>18 days</i>
Immediate <i>Hypertensive Pneumonia</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr B. R. Drussen</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide? <i>No</i>	

Internat at Populair  
Cemetery size 28<sup>in</sup>

W. C. Brooks

Name  
in  
Full

Mrs. Virginia L. Huffman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Denis</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept.</i>	Day <i>3</i>	Age <i>67</i>	Years	Months <i>5</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>W. Va.</i>				
Occupation				Where Residing if not at place of death			
<del>Married</del> <i>Widowed</i>		Name of <del>W.</del> Husband <i>Arthur W. Huffman</i>					
Father's Name <i>John Lowman</i>				Father's Birthplace <i>W. Va.</i>			
Mother's Maiden Name <i>Elizabeth</i>				Mother's Birthplace <i>W. Va.</i>			
Name of person giving information <i>Lebedee Houschoede</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Cerebral Congestion</i>	How long <i>3</i> days
Immediate	<i>Right hemiplegia</i>	How long <i>1</i> day
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. R. Erickson</i>
		Address <i>Elk Ridge</i>
<del>Accident</del> <i>Suicide</i>		

Wm J. Fickner Dr  
Melville  
Howard Co

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Bockysville</i>		County <i>Hugh</i>		MARYLAND	
Date	<i>18</i>	Month	<i>September</i>	Day	<i>Tuesday</i>	Years	<i>2</i>
of death 190 <i>6</i>		Age		<i>2 months</i>		Months	<i>2 days</i>
Sex	Color or Race		<i>White</i>		Birth-place		
Married, Single or Widowed		Occupation					
Name of Wife or Husband		<i>Oliver Hunt, Ida Hunt</i>					
Father's Name		<i>Oliver Hunt</i>				Father's Birthplace	
Mother's Maiden Name		<i>Ida Burr</i>				Mother's Birthplace	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Fracture</i>	How long	<i>Several weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>B. F. Bursey M.D.</i>	
		Address	
		<i>Lexar Md.</i>	
Accident or Suicide?			

Interment at Mt Zion  
Cemetery

W. C. Brooks

Name  
is  
Full

CERTIFICATE OF DEATH

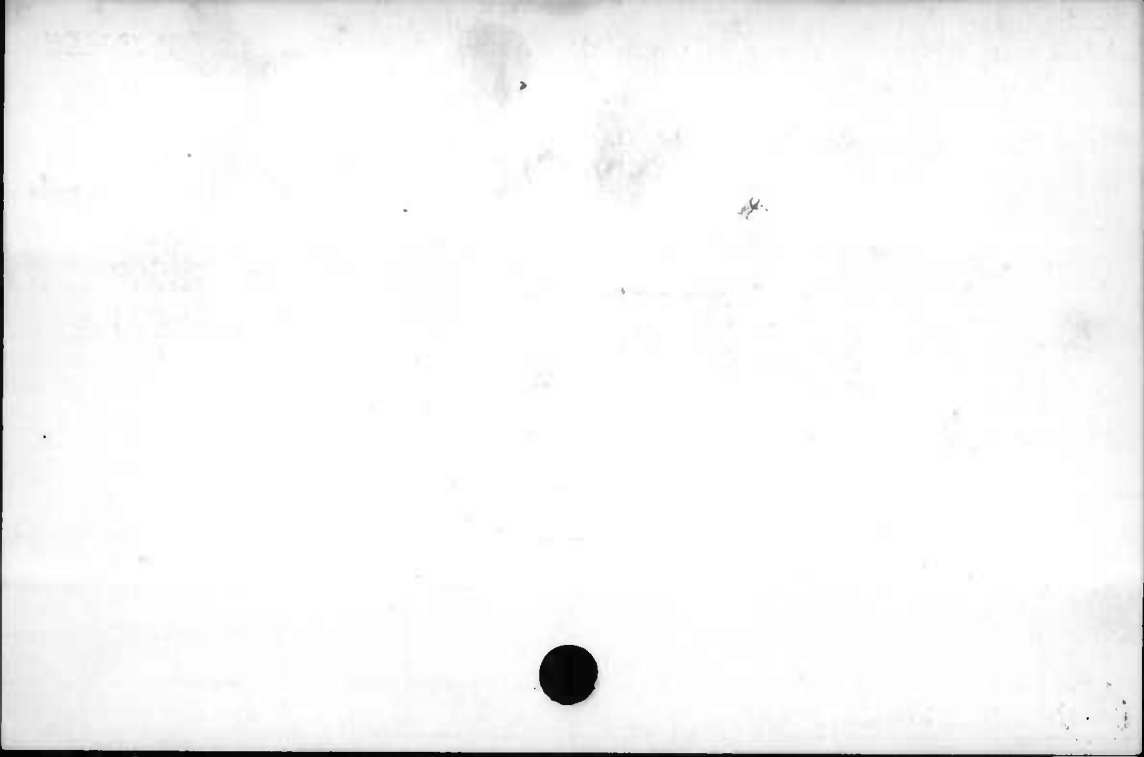
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>mt Hope</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death	<i>190</i> <small>Year</small>	<i>Sept</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>29</i> <small>Years</small>	<i>29</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Pennsylvania</i>		Where Residing if not at place of death <i>—</i>	
Occupation <i>None</i>	Name of Wife or Husband <i>—</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Melancholia</i>	How long	<i>5 yrs</i>
Immediate	<i>Tuberculosis</i>	How long	<i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. B. Euker</i>		
	Address <i>mt Hope Md.</i>		
Accident or Suicide?	<i>No</i>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDWalter Mitchell Janner  
Town County

Died at Woodlawn Sta Balto

MARYLAND

Date of death 1906 Sept 11<sup>th</sup> Age 23 Months 4 Days 1

Sex male Color or Race White Birth-place Md

Occupation Cashier Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George Janner Father's Birthplace Balto Co

Mother's Maiden Name Mary Mitchell Mother's Birthplace Balto Co

Name of person giving information A. C. Smith How related to deceased Physician

## CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long 4 years

Immediate Pneumonia How long 1 month

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. C. Smith M.D.

Address Woodlawn Sta Md

Accident or Suicide? —

Jo-B Cook  
Woodlawn

Name in Full		Certificate of Death			
Henry M. James		TOWN <i>Sheppard Hospital - Towson</i> COUNTY <i>Balto</i>			
Died at		MARYLAND			
Date of death		1906	Month <i>Sept</i>	Day <i>17</i>	Age <i>70</i>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>New York</i>	
Occupation <i>carpenter</i>		Where Residing if not at place of death <i>Sheppard Hospital</i>			
Married, Single, Widowed <i>Single</i>		Name of Wife or <i>Annie Gress</i>			
Father's Name <i>John James</i>		Father's Birthplace <i>N.Y. State</i>			
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>?</i>			
Name of person giving information		How related to deceased			
CAUSES OF DEATH					
Primary <i>Heart Disease</i>		<i>aortic and mitral insufficiency</i>		How long <i>Chronic</i>	
Immediate <i>made</i>		<i>died in sleep - no autopsy</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edmund A. Bush</i>			
		Address <i>Sheppard Church Prave</i>			
Accident or Suicide?					

W. C. Wiedefeld

914 Greenwood

Cathedral Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1904	Month <i>September</i>	Day <i>26</i>	Age	Years <i>3</i> Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balti. Co.</i>		
Occupation <i>None</i>	Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>_____</i>				
Father's Name <i>James Jones</i>	Father's Birthplace <i>Balti. Co.</i>				
Mother's Maiden Name <i>Annie Armstrong</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Annie Jones</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>4 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Quay</i>
	Address <i>130 N. Long St.</i>
Accident or Suicide?	



Name  
in  
Full

John Jones

## CERTIFICATE OF DEATH

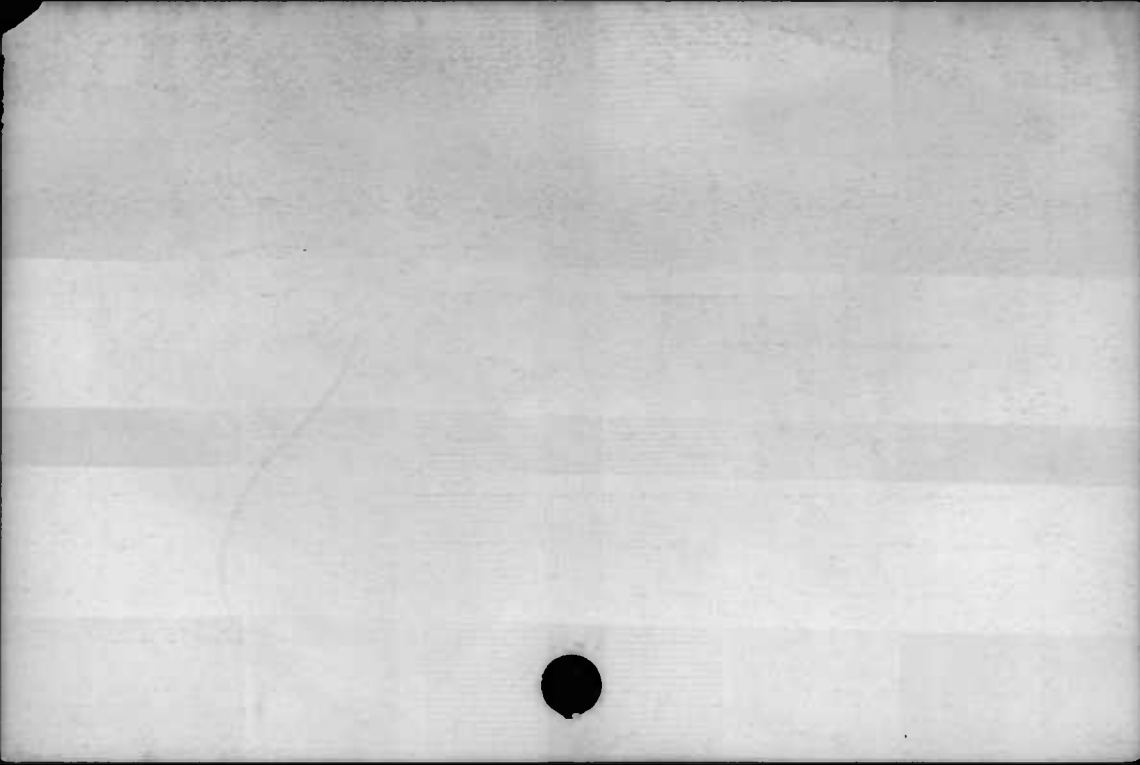
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Springfield</i> <small>Town</small>		<i>Summersville</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>September</i> <small>Month</small>	<i>20<sup>th</sup></i> <small>Day</small>	<i>29</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Springfield</i>		
Occupation <i>Bank Clerk</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Daniel Jones</i>	Father's Birthplace <i>Springfield</i>				
Mother's Maiden Name <i>Mary Dickson</i>	Mother's Birthplace <i>Ashbury</i>				
Name of person giving information <i>Robert Staines</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Gunshot wound in abdomen</i>	How long <i>One week</i>
Immediate <i>General Peritonitis</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank Burden</i>
	Address <i>848 N. Lombard St.</i>
Accident or Suicide? <i>Accident</i>	<i>Baltimore Md.</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

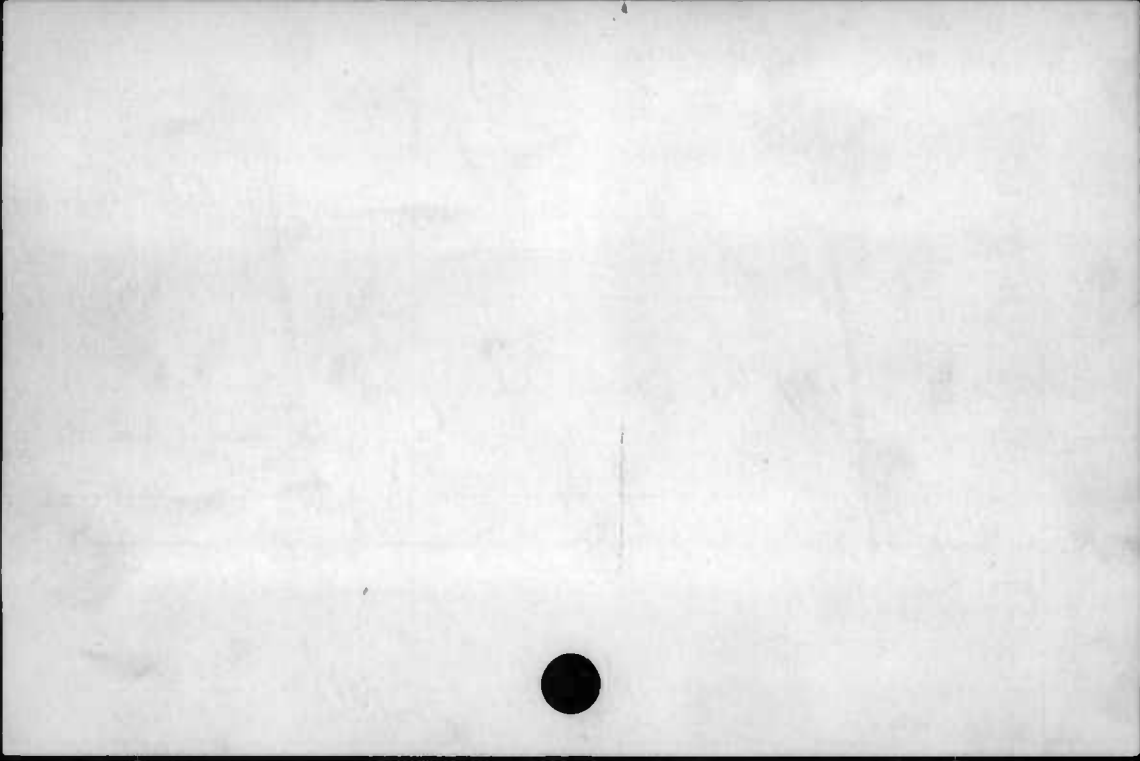
Died at <i>Sparrows Point</i> <i>Balk</i>		County		State	
Date of death <i>1906</i>		Month <i>9</i>	Day <i>2</i>	Age <i>19</i>	Months <i>5</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Balk.</i>			
Occupation <i>Boiler Maker</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John J. Kelly</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Bridget Haherty</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Woodward M.D.</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

1

Primary <i>Accident</i>	How long <i>166</i>
Immediate <i>" Shock</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Woodward M.D.</i>
	Address <i>Sparrows Point Md.</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Rossville* <sup>Town</sup>

*Briggs* <sup>County</sup>

Date of death *1901* <sup>Month</sup> *Sept* <sup>Day</sup> *3*

Age *—* <sup>Years</sup>

*—* <sup>Months</sup>

*—* <sup>Days</sup>

Sex *male*

Color or Race *colored*

Birth-place *md*

Occupation *—*

Where Residing if not  
at place of death *—*

Married, Single  
or Widowed *—*

Name of Wife or  
Husband *—*

Father's Name *Edwards Keyes*

Father's Birthplace *md*

Mother's Maiden Name *Mary Walker*

Mother's Birthplace *md*

Name of person giving  
In formation *Ed Keyes*

How related  
to deceased *Father*

CAUSES OF DEATH

Primary *Still Born*

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

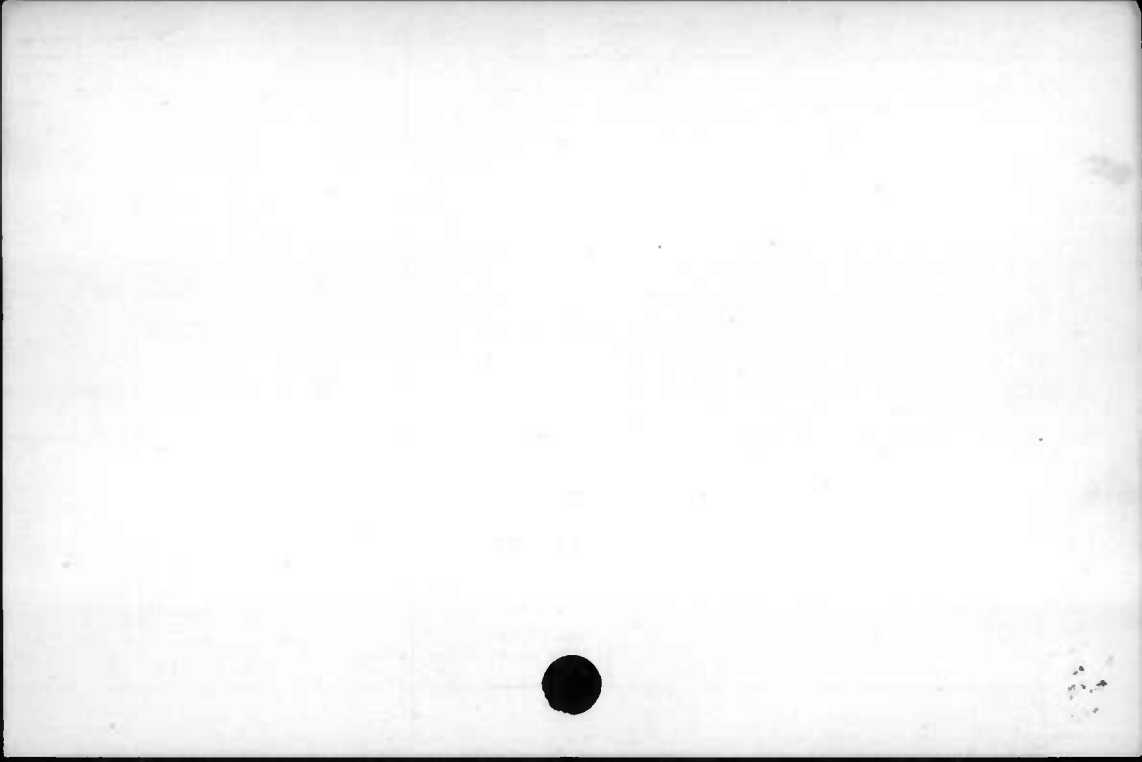
Signature of  
Physician

Address

Accident or Suicide?

*No*

*John O'Hara M.D.*  
*San Off. 15. East*  
*Washington D.C.*



Name  
in  
Full

Jane E. Kiad

CERTIFICATE OF DEATH

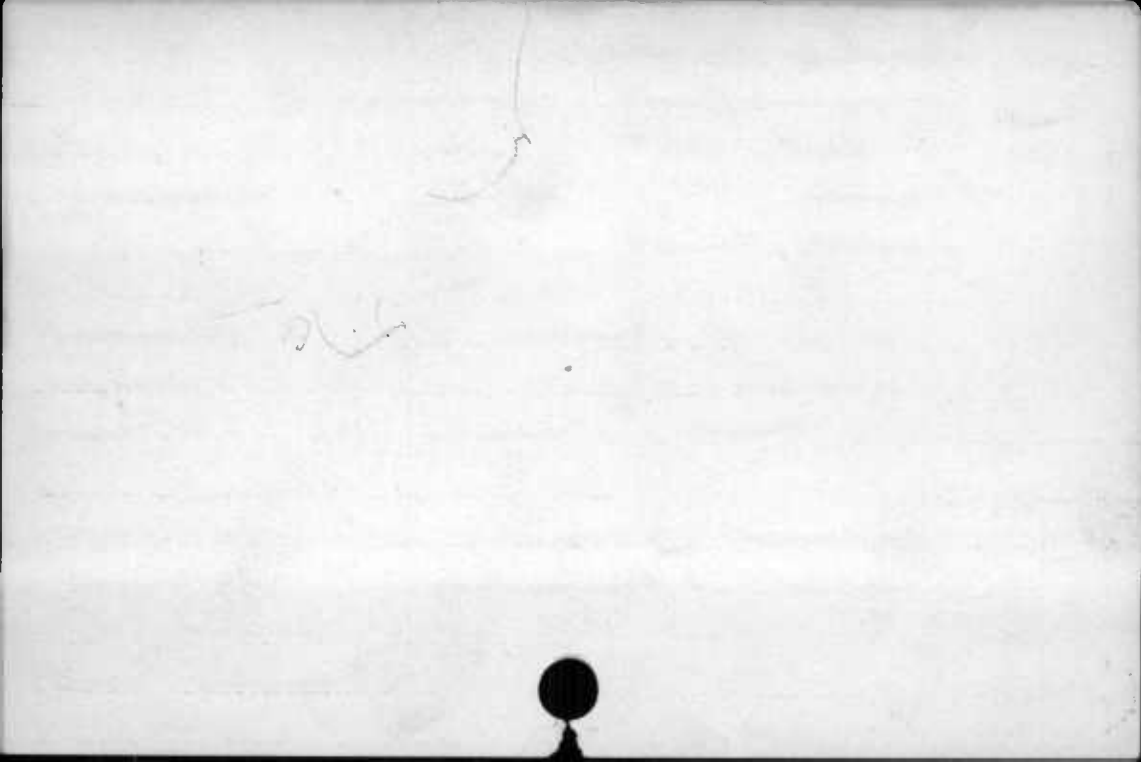
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rayville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death 190 <u>6</u>	Month <u>Sept.</u>	Day <u>9</u>	Age <u>82</u> Years	Months <u>9</u>	Days <u>6</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Washington D.C.</u>		
Married, Single or Widowed <u>Widow</u>			Occupation		
Name of Wife or Husband					
Father's Name <u>John Skippon</u>			Father's Birthplace <u>England</u>		
Mother's Maiden Name <u>Elizabeth Barnumack</u>			Mother's Birthplace <u>England</u>		
Name of person giving information <u>Mamie E. Kiad</u>			How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Infirmities of age</u>	How long	<u>154</u>	How long	<u>6 Months</u>
Immediate	<u>Heart Failure</u>	How long		How long	<u>24 hours.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Joseph Baedwin</u>			
		Address <u>Freeland R.H. D.H. 1</u>			
		<u>Bach Co Md</u>			
Accident or Suicide? <u>No</u>					



Name  
in  
Full

Amelie Klaas

## CERTIFICATE OF DEATH

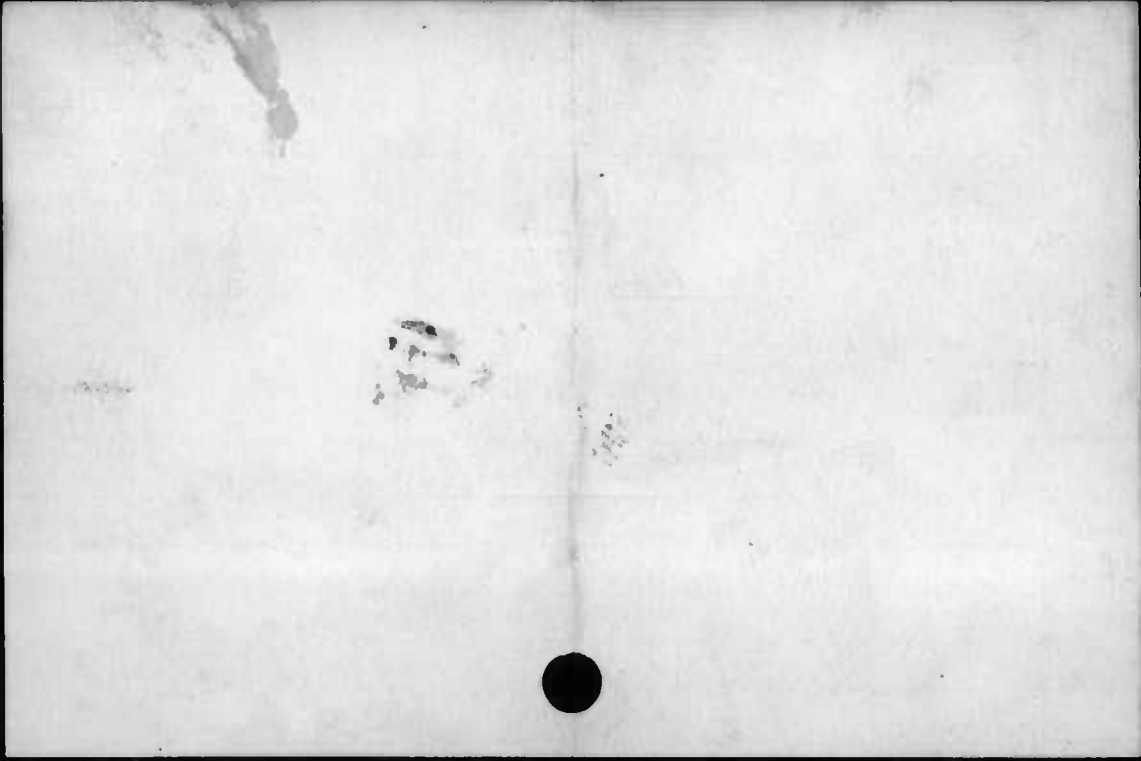
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Sept	29	12	8	23	
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	School Girl		Where Residing If not at place of death				
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Amal J. Klaas					Father's Birthplace	Germany
Mother's Maiden Name	Sophia Meyer					Mother's Birthplace	Germany
Name of person giving information	Amal J. Klaas					How related to deceased	Father

## CAUSES OF DEATH

Primary	Typhoid Fever	How long	10 days
Immediate	intestinal Hemorrhage	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. L. Eldred M.D.
yes		Address	Spencer's Point Md
Accident or Suicide?		No	

PHYSICIAN  
& CORONER





Name  
in  
Full

Leslie Catherine Klein

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westport</i>		Town <i>Baltimore</i>		County <i>MD</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sep</i>	Day <i>14</i>	Age	Years	Months <i>3 mo</i>	Days <i>7</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Westport</i>			
Occupation <i>None</i>		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>John Klein</i>				Father's Birthplace <i>Balto City</i>			
Mother's Maiden Name <i>Kate Goswisch</i>				Mother's Birthplace <i>Baltimore City</i>			
Name of person giving information <i>W. J. Tickner</i>				How related to deceased <i>None</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile Indigestion</i>	How long <i>about 6 weeks</i>
Immediate <i>Infantile Marasmus</i>	How long <i>about 6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Burch MD</i>
	Address <i>828 N. Carrollton Ave</i>
Accident or Suicide?	

Ellen C Wolf

Spent May - 14 - 1902

Age 6 yrs 3 mo 18 ds

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Highlandtown		County Balto.		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		9	6				
Sex	Male		Color or Race	White		Birth-place	Highlandtown
Occupation	none		Where Residing if not at place of death		419 Bank St. ex		
Married, Single or Widowed			Name of Wife or Husband				
Father's Name	August Lineweber				Father's Birthplace	Germany	
Mother's Maiden Name	Katie Hettcher				Mother's Birthplace	Balto.	
Name of person giving information	August Lineweber				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Primature Birth	How long	(15)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Maggie Hoeningbe	
Address		5004	
Accident or Suicide?		Offic Mr. Lankar	

~~St. Paul~~ St. Paul Lem.  
Hermig & Son  
9/6/06

Name  
in  
Full

## CERTIFICATE OF DEATH

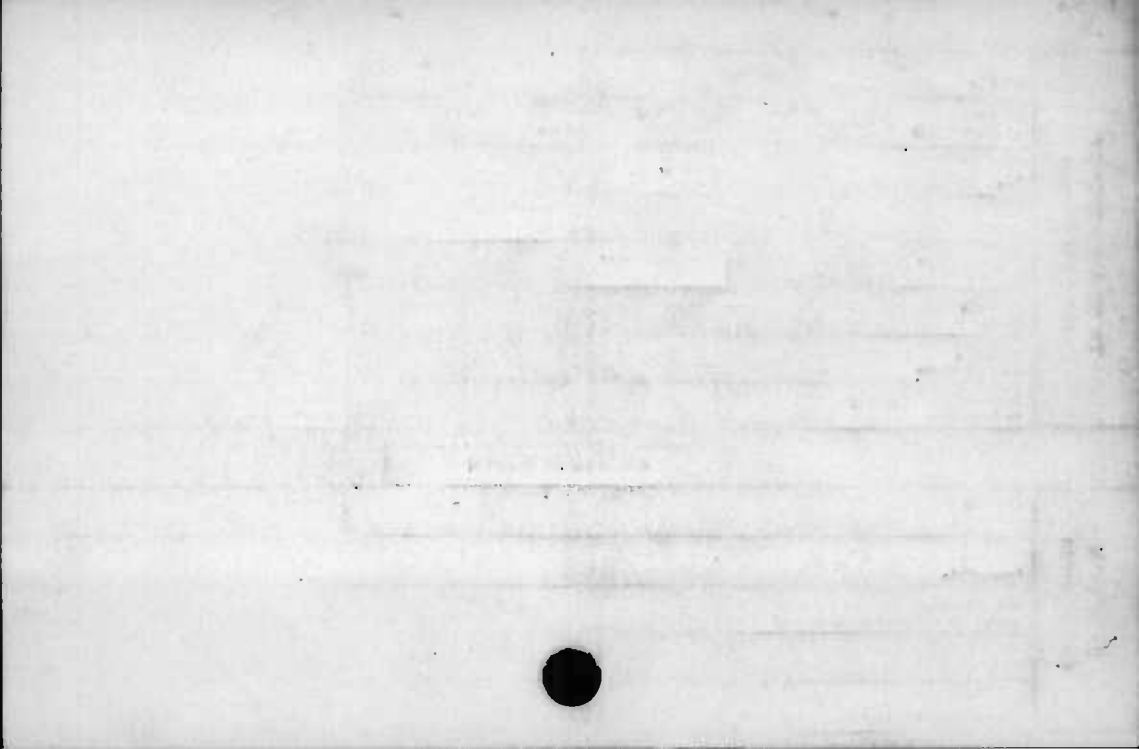
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Clamor Bomber Lynch</i>		Town <i>Grange</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Grange</i>		Month <i>Sept</i>		Day <i>1</i>		Years <i>40</i>	
Date of death <i>1906</i>		Months <i>1</i>		Days <i>1</i>		Age <i>40</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i></i>		Where Residing If not at place of death <i>at Place of Death</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William P Lynch</i>					
Father's Name <i>Joseph Bomber</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary J. Kainer</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>William P Lynch</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Carcinoma of Breast</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i></i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. P. Powers M.D.</i>
	Address <i>2571 E. Princeton</i>
Accident or Suicide?	



Name  
In  
Full

Annie Lyons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i>		Town <i>Baltimore</i>		County		MARYLAND					
Date of death <i>1906</i>		Month <i>Sep.</i>		Day <i>15.</i>		Age <i>96</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wales</i>							
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Daniel Lyons</i>									
Father's Name <i>Griffith Williams</i>		Father's Birthplace <i>Wales</i>									
Mother's Maiden Name <i>Not Known</i>		Mother's Birthplace <i>—</i>									
Name of person giving information <i>Daniel Lyons</i>		How related to deceased <i>Husband</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diabetes</i>	How long	<i>2 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>David W. Jones</i>	
		Address <i>3116 Oilmill St</i>	
Accident or Suicide? <i>—</i>			

Mr. Samuel Lundy  
H. Sander & Sons



Name  
in  
Full

*Duncan Mc Brayne*

CERTIFICATE OF DEATH

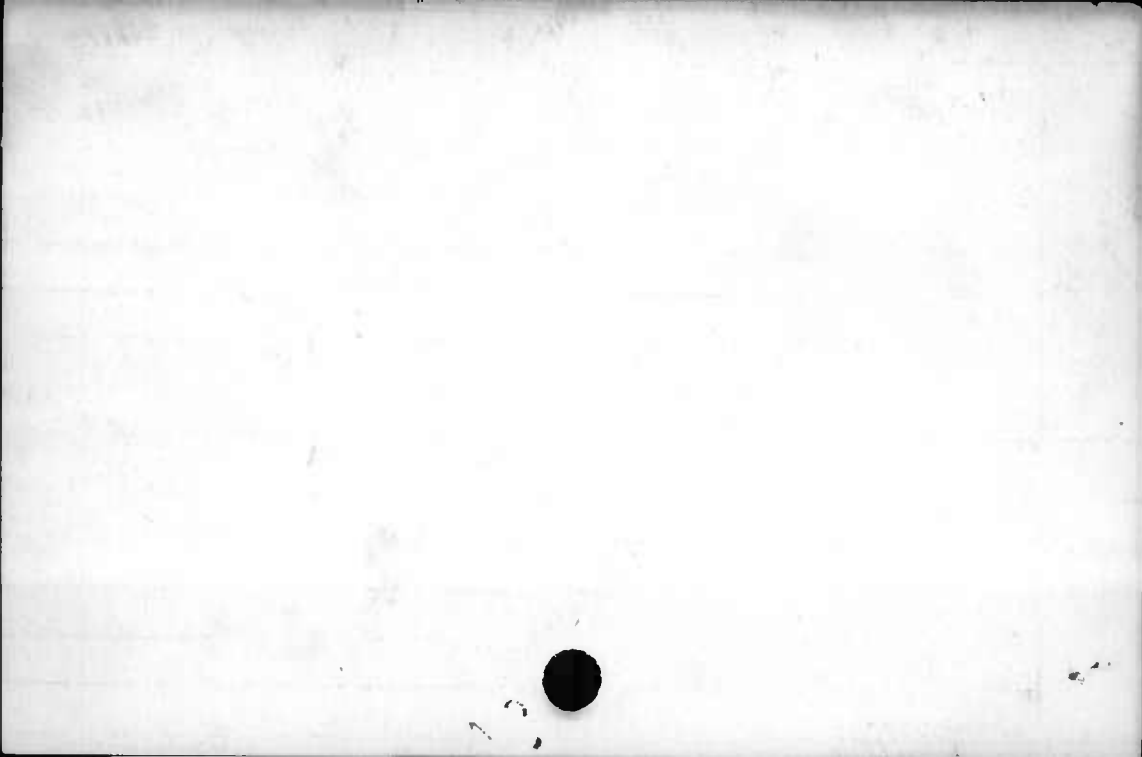
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Canton</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Sept.	Day	18
Sex <i>male</i>		Color or Race <i>white</i>		Years	35
Occupation <i>Sailor</i>		Where Residing if not at place of death		Months	<i>S/S Indrini</i>
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information <i>H. Boston</i>				How related to deceased <i>No Relation</i>	

CAUSES OF DEATH

Primary	<i>Drowning</i>	How long	<i>172</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. G. Dunningan</i>	
		Address <i>203 Loone St.</i>	
Accident or Suicide? <i>Accident</i>		<i>Coroner.</i>	

PHYSICIAN  
OF CORONER  
*Dunningan*



Name  
in  
Full

CERTIFICATE OF DEATH

*James to the family*

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Frankland town* Town *Frankland town* County  
 Date of death *1906* Month *Sept* Day *19* Age *8* Years Months Days  
 Sex *Female* Color or Race *White* Birth-place *Maryland*  
 Occupation *—* Where Residing If not at place of death *Frankland Town*

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary

*Cholera Infantum*

How long

How long

*1 day*

Immediate

*Examination*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*A. C. Smith*  
*Woodlawn St.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Franklin's Tomb

St Agnes Cemetery.

Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Martha J. Manning*

Died at *Sparrow Point* Town *Baltimore* County

Date of death *1906* Month *Sept.* Day *28* Age *40* Years Months *9* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *House wife* Where Residing if not at place of death *Sp. Pt.*

Married, Single or Widowed *married* Name of Wife or Husband *Thomas Manning*

Father's Name *John Keelley* Father's Birthplace *Ireland*

Mother's Maiden Name *Eliza Nixon* Mother's Birthplace *Ireland*

Name of person giving information *Thomas Manning* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Malarial Fever* How long *2 weeks*

Immediate *Valvular disease of heart* How long *1 hour*

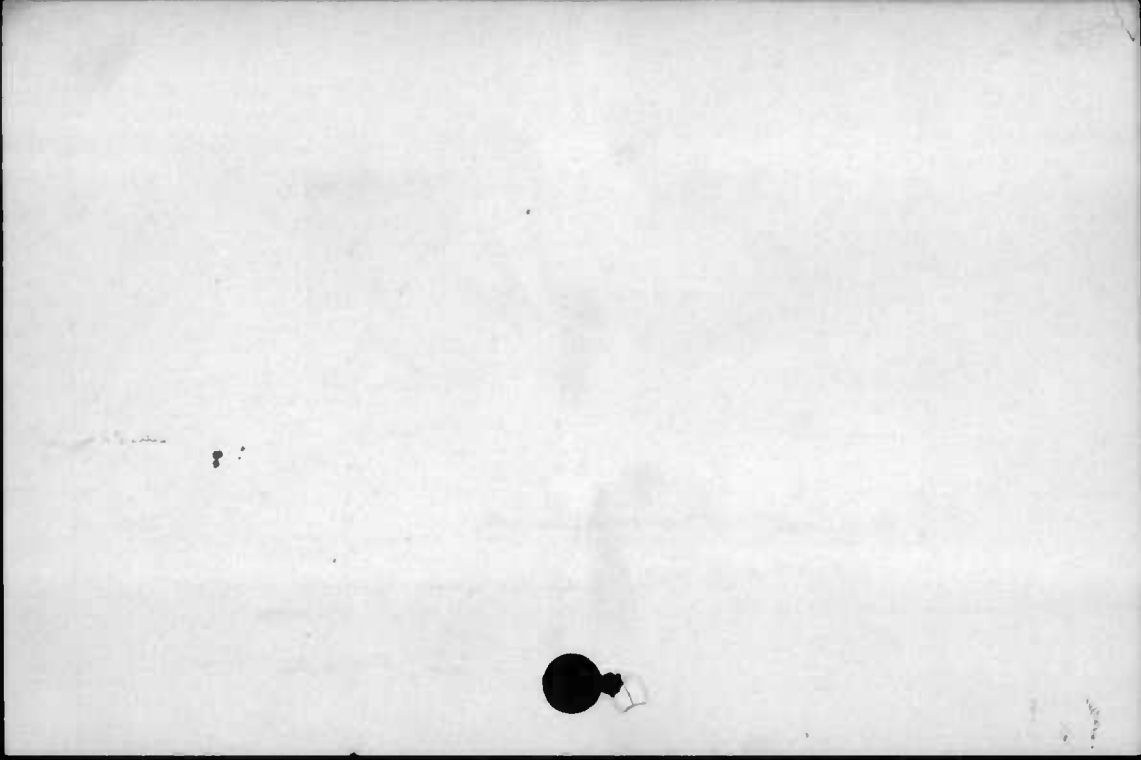
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *G. T. McComrie M.D.*

Address *Sparrow Point*

Accident or Suicide? *no*

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital, Bait</i>		Town <i>Bait</i>		County <i>Bait</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>1</i>	Age <i>53</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bait</i>				
Occupation <i>Clergyman</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Peter Manning</i>			Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Ann</i>			Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Fr Kernan</i>			How related to deceased <i>Friend</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebral Hemorrhage</i>	How long <i>2 Days</i>
Immediate <i>Cocaine</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jr. Shaw</i>
	Address <i>St Agnes Hospital Bait</i>
Accident or Suicide?	





Name  
in  
Full

Catherine Sara Markley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lanvale</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 190 <i>4</i>	Month <i>Sept</i>	Day <i>24</i>	Age <i>9</i>	Years <i>months</i>	Months <i>9</i>	Days <i>29</i>			
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Lanvale</i>						
Married, Single or Widowed <i>Infant</i>	Occupation <i>-</i>								
Name of Wife or Husband									
Father's Name <i>Samuel Markley JR</i>					Father's Birthplace <i>Lanvale</i>				
Mother's Maiden Name <i>Mrs. Erdman</i>					Mother's Birthplace <i>M. D.</i>				
Name of person giving information <i>Samuel Markley</i>					How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Plev Colitis</i>	<i>105</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>		How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Young Wethrook M.D.</i>	
	Address <i>237 Gorsebrook Avenue</i>	
	<i>Baltimore M. D.</i>	
Accident or Suicide?		

Erdmans Cen  
Sept 26/06  
Wm Cook  
502 E North Ave

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Grace E Martell*

Died at *Washington* <sup>Town</sup> *Dulles* <sup>County</sup>

State *MARYLAND*

Date of death *1906* <sup>Month</sup> *9* <sup>Day</sup> *13* <sup>Years</sup> *5* <sup>Months</sup> *1* <sup>Days</sup> *1*

Sex *female* Color or Race *white* Birth-place *MD.*

Occupation *—* Where Residing If not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Louis P Martell* Father's Birthplace *MD*

Mother's Maiden Name *Caroline Burk* Mother's Birthplace *MD*

Name of person giving information *Louis P Martell* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Diphtheria* *9* How long *14 days*

Immediate *Arterial* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *William J. Todd*

Address *Washington MD*

Accident or Suicide? *—*

Joel H. Knapp  
H. Knapp

Name  
in  
Full

## CERTIFICATE OF DEATH

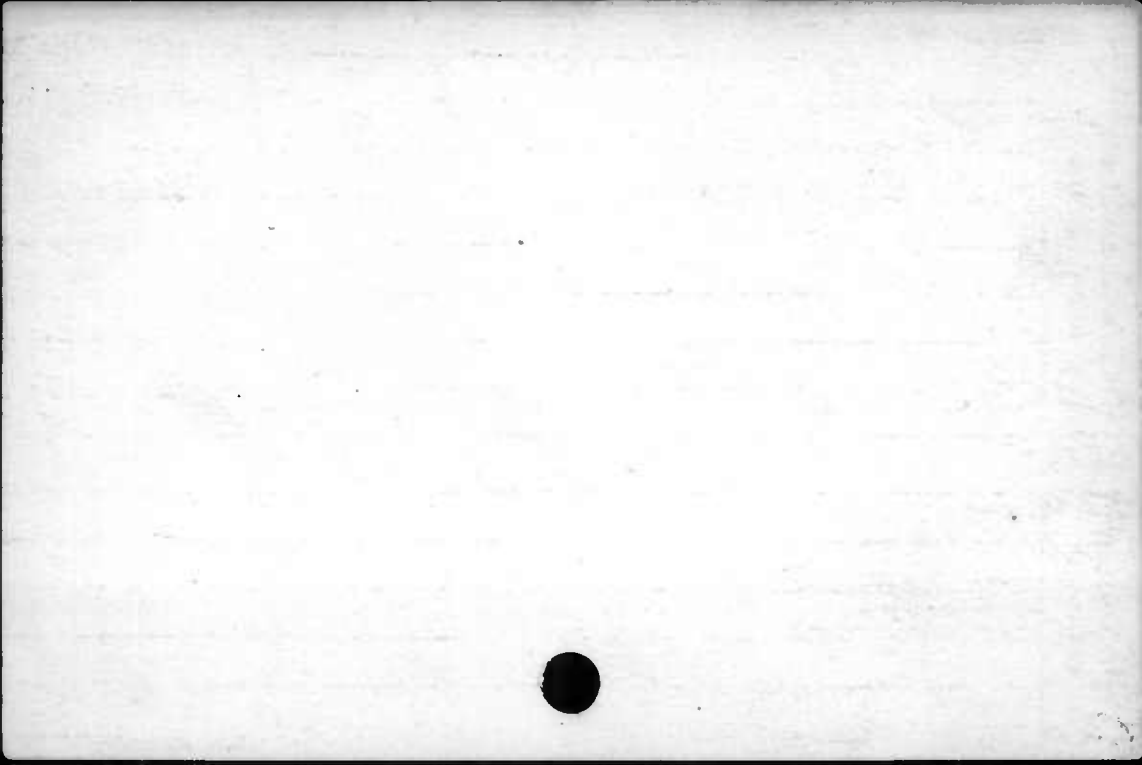
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Loucas martin</i>				County <i>Balto</i>		MAYLAND	
Died at <i>Parkton</i>		Town <i>Parkton</i>		County <i>Balto</i>		MAYLAND	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>1</i>		Age <i>71</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birthplace <i>Ind.</i>		Months <i>4</i> Days <i>14</i>	
Occupation <i>Laborer</i>				Where Residing If not at place of death <i>Ind.</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ind.</i>					
Father's Name <i>Dont know</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>crancy martin</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>James martin</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diarrhoea</i>	How long	<i>7 weeks</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. W. Morris</i>	
		Address <i>Parkton</i>	
Accident or Suicide? <i>Ind.</i>			



Name  
in  
Full

Mary Martin

CERTIFICATE OF DEATH

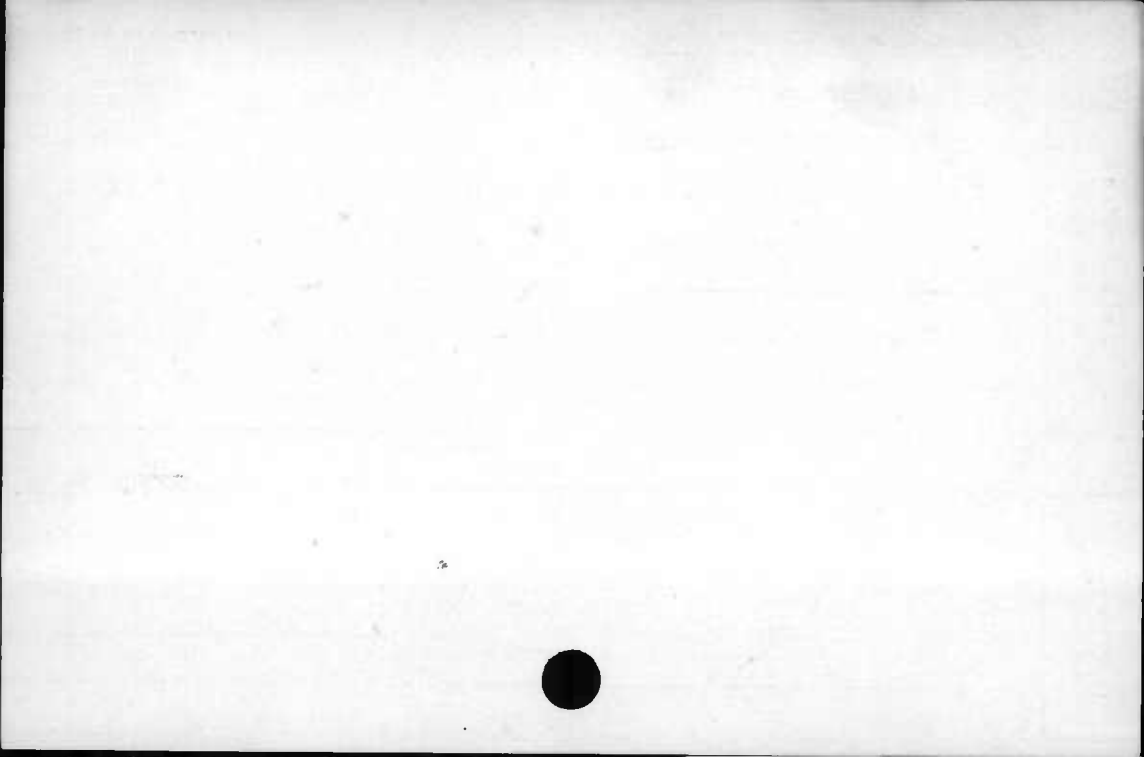
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>Hampsstead</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1906	Month	9	Day	8	Age	70
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place		—	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of <del>Wife</del> or Husband <i>Luther Martin</i>					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age</i>	How long	<i>154</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. C. Wells</i>	
		Address <i>Hampsstead Md</i>	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant of Harry H. Neepier		County		BALTO CO	
Died at		Town		MARYLAND	
Grown Point		BALTO CO			
Date of death	190	Month	Sept	Day	23
Age		Years		Months	
Sex		Male		Color or Race	
White		Birth-place		BALTO CO	
Occupation		Infant		Where Residing if not at place of death	
5 Lyman Ave		Married, Single or Widowed		Name of Wife or Husband	
Single		Father's Name		Harry H. Neepier	
Mother's Maiden Name		Emma L. Crosby		Father's Birthplace	
Name of person giving information		Harry H. Neepier		Mother's Birthplace	
				BALTO CITY	
				How related to deceased	
				Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Not known	How long
Immediate	Primaturity, cause not known	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		S. R. Wartz MD
		Address
		765 - 3rd Ave
Accident or Suicide?		

A. S. Main Hall 3539 Falls Road  
5 Balto County, City  
Sept 24-06

Name  
in  
Full

David H. Norris

CERTIFICATE OF DEATH

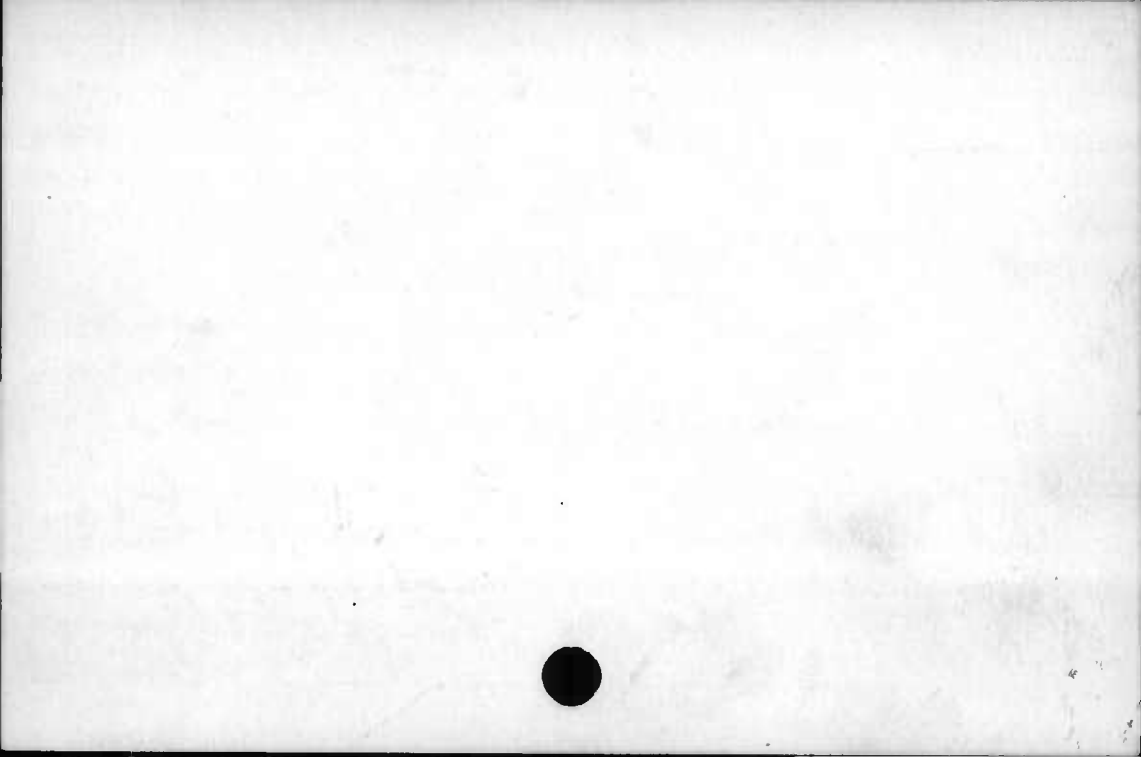
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Ellicott City</i>		<sup>County</sup> <i>Baltimore</i>		MAYLAND	
Date of death	1906	Month	Sept.	Day	15
Age	49	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	none				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Elizabeth Smith		
Father's Name	Edward Norris	Father's Birthplace	Maryland		
Mother's Maiden Name	Emeline Appleby	Mother's Birthplace	Maryland		
Name of person giving information	Sarah Elizabeth Norris	How related to deceased	Wife		

CAUSES OF DEATH

Primary	<i>Consumption</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. J. Byrne</i>
		Address	<i>Ellicott City, Md.</i>
Accident or Suicide?	<i>No</i>		

PHYSICIAN  
OR CORONER



Name  
In  
Full

*James Parish*

CERTIFICATE OF DEATH

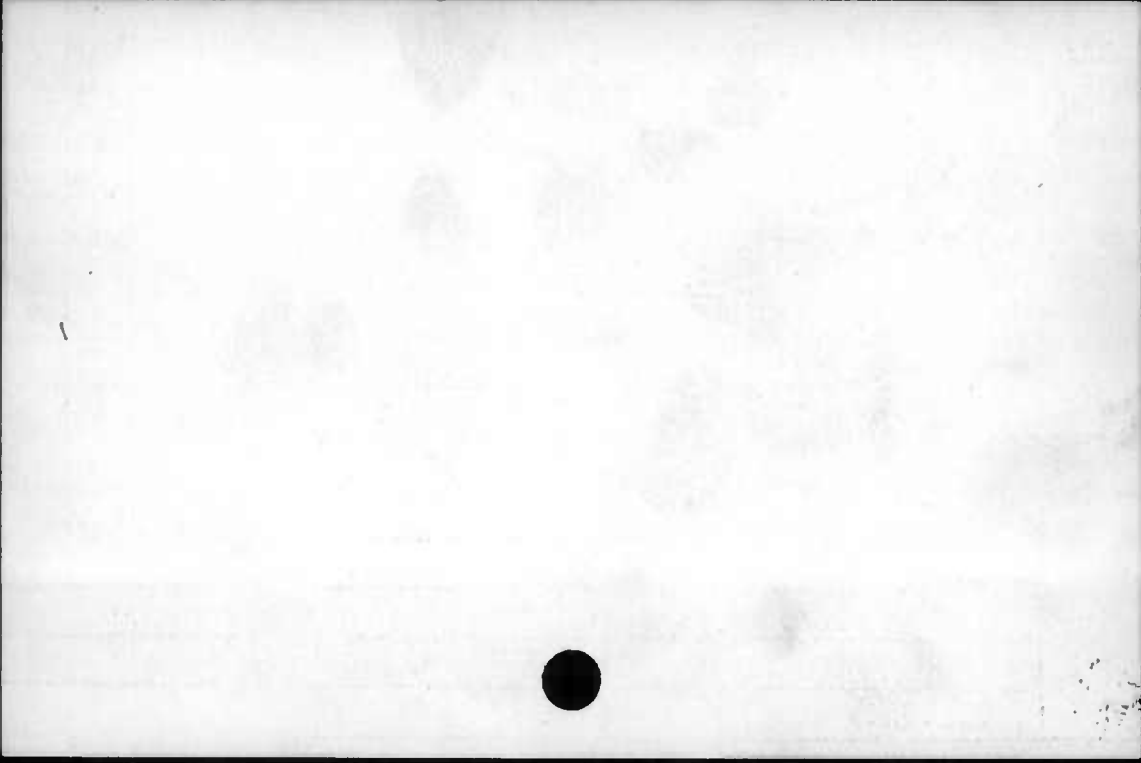
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>bolgate creek</i> <sup>Town</sup>		<i>13th Co</i>		MARYLAND	
Date of death	<i>1906</i> <sup>Year</sup>	<i>9</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	<i>60</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex	<i>M</i>	Color or Race	<i>Black</i>	Birthplace	<i>Virginia</i>
Occupation	<i>labourer</i>		Where Residing if not at place of death <i>Batto Co</i>		
Married, Single or Widowed	<i>(S)</i>		Name of Wife or Husband <i>Maria</i>		
Father's Name	<i>Don't know</i>		Father's Birthplace <i>Don't know</i>		
Mother's Maiden Name	<i>Don't know</i>		Mother's Birthplace <i>Don't know</i>		
Name of person giving information	<i>Joseph Clayton</i>		How related to deceased <i>not at all</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long	<i>20</i>	<i>about 3 weeks</i>
Immediate	<i>Uræmia</i>	How long	<i>11</i>	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. J. Cherry</i>	
		Address	<i>1108 Chesapeake</i>	
Accident or Suicide?	<i>no</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Groome</i> Town		<i>Balto</i> County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Sep</i>	Day	<i>4</i>
Age		Years	<i>83</i>	Months	
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Massachusetts</i>
Occupation	<i>Retired</i>		Where Residing if not at place of death <i>Baltimore, Md</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elizabeth Phillips</i>		
Father's Name	<i>M Daniel Phillips</i>			Father's Birthplace	<i>Mass</i>
Mother's Maiden Name	<i>Elizabeth Rodgers</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Miss Lucie Phillips</i>			How related to deceased	<i>daughter</i>

## CAUSES OF DEATH

Primary	<i>Cerebral Anemia</i>	How long	<i>6 mds more</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>Instantaneous</i>

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Geo H Boecking*  
*Spa St. Baltimore*  
*York Road, Anne,*

Accident or Suicide?

PHYSICIAN  
OR CORONER

1

Wm. Cook

for removal to

236 Dolphin St

Lily-



Name  
in  
Full

Sarah Elena Reid.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Howard Park.* *Balto* County.

MARYLAND

Date of death *1906* Month *Sept.* Day *21* Age *33* Years Months *1* Days *18*Sex *Female.* Color or Race *White* Birth-place *Baltimore City*Occupation *Stenographer.* Where Residing if not at place of death *Howard Park.*Married, Single or Widowed *Single* Name of Wife or Husband *Single.*Father's Name *George Thomas Reid.* Father's Birthplace *Md*Mother's Maiden Name *Elizabeth Ann Hill.* Mother's Birthplace *Md.*Name of person giving information *Oliver V Reid.* How related to deceased *Sister.*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *2 1/2 yrs.*Immediate *Dyspnoea* How long *1 hour.*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. W. Cox M.D.*Address *Washington.*

Accident or Suicide?

John E. Hough CO  
114 22 Penn av

sep 24/906

Smith & Ridgl

Name  
in  
Full

Barbara Rees.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hospital - Balto.</i>		County <i>Balto.</i>		MARYLAND	
Date of death	1906	Month <i>Sept</i>	Day <i>21</i>	Age <i>29</i>	Months <i>1</i>
Sex <i>+ female</i>	Color or Race <i>White.</i>		Birth- place <i>Balto. Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married; Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Milton Rees.</i>			
Father's Name <i>Jacob. Craft</i>			Father's Birthplace <i>Balto. Md</i>		
Mother's Maiden Name <i>Barbara Smith.</i>			Mother's Birthplace <i>" "</i>		
Name of person giving in formation <i>Jacob. Craft.</i>			How related to deceased <i>7 aunts.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Internal Hemorrhage.</i>	How long	<i>45</i>
Immediate	<i>Shock.</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J W Shaw.</i>	
<i>Yes</i>		Address <i>St Agnes Hospital.</i>	
Accident or Suicide?			



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Name  
in  
Full

*Matilda Robertson*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

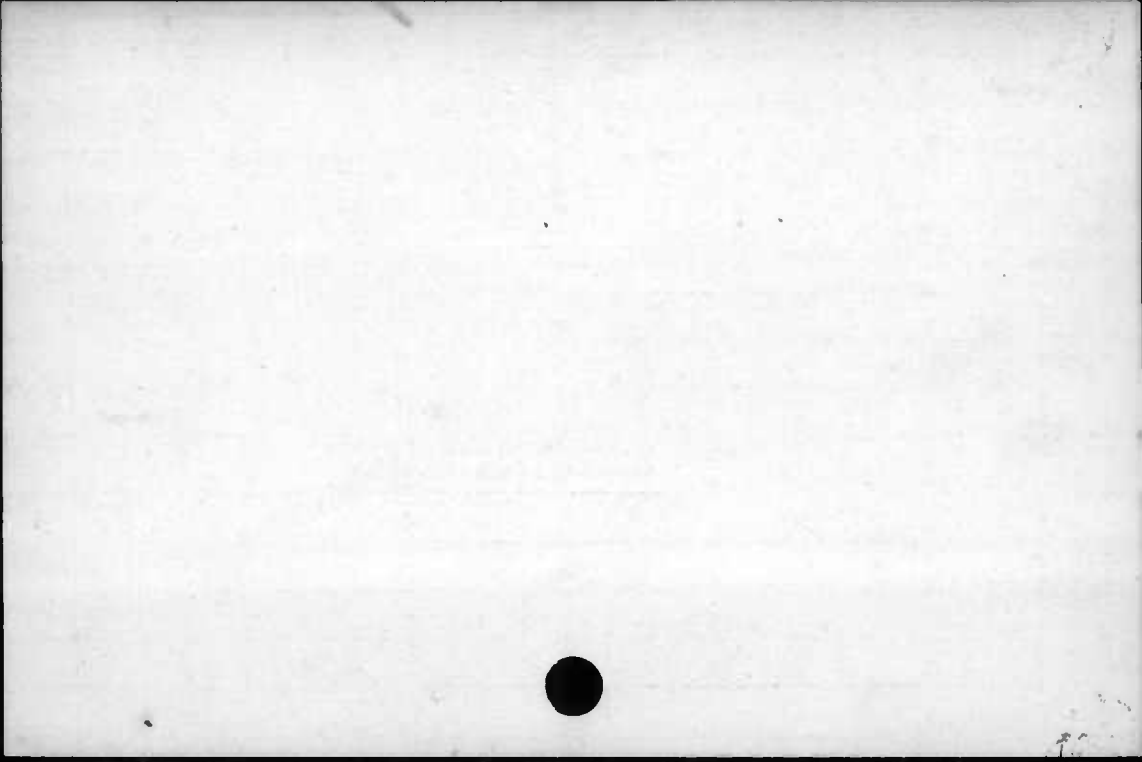
Died at <i>Fork</i> Town		<i>Bullo</i> County		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept-</i>	Day <i>5</i>	Age <i>54</i>	Months <i>✓</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Ind-</i>		
Occupation <i>house wife</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Jacob Robertson</i>				
Father's Name <i>Chas. Campbell</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>Ind-</i>		
Name of person giving information <i>Jacob Robertson</i>			How related to deceased <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer</i>	<i>45</i>	How long <i>one year</i>
Immediate <i>"</i>		How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. F. X. Gonsack -</i>
		Address <i>Fork Ind-</i>
Accident or Suicide? <i>✓</i>		

1



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

John H Robinson (Col'd)

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Near Ninans Sta 13<sup>th</sup> Dist <sup>County</sup> BaltimoreDate of death 1906 <sup>Month</sup> Sept <sup>Day</sup> 1<sup>st</sup> Age <sup>Years</sup> 12 <sup>Months</sup> <sup>Days</sup>Sex male <sup>Color or Race</sup> Colored <sup>Birth-place</sup> MdOccupation Schoolboy <sup>Where Residing if not at place of death</sup> As aboveMarried, Single or Widowed No. <sup>Name of Wife or Husband</sup> No.Father's Name John Robinson <sup>Father's Birthplace</sup>Mother's Maiden Name <sup>Mother's Birthplace</sup>Name of person giving information <sup>How related to deceased</sup>

## CAUSES OF DEATH

Primary <sup>How long</sup>Immediate Drowning { Herberts Run near Ninans Sta <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Coroner Robert G Clarke<sup>Address</sup> St Dennis Md

Accident or Suicide?

Chas A. R. Earp.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rossville</u>		County <u>Bald</u>		MARYLAND			
Date of death	1906	Month <u>Sept</u>	Day <u>9</u>	Age <u>      </u>	Years <u>      </u>	Months <u>      </u>	Days <u>18</u>
Sex	<u>Male</u>		Color or Race	<u>White</u>		Birth-place	<u>Wm</u>
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				<u>Frank Schreiber</u>		Father's Birthplace	<u>md</u>
Mother's Maiden Name				<u>Laura Helmsky</u>		Mother's Birthplace	<u>md</u>
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Macarum</u>	How long	<u>15 days</u>
Immediate		How long	<u>      </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>C. J. Hume</u>
		Address	<u>Rossville, Md</u>
Accident or Suicide?			



Name  
in  
Full

Not named Schaper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Perry Hall</i>		Town		County <i>Balto</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept.</i>	Day <i>22</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Above</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jos. Schaper</i>				Father's Birthplace <i>Perryville Balto Co</i>			
Mother's Maiden Name <i>Annie Rast</i>				Mother's Birthplace <i>Perryville "</i>			
Name of person giving Information <i>Parents</i>				How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ligard Whitford</i>
<i>—</i>		Address <i>Fullerton Md.</i>
Accident or Suicide?		



Name  
In  
Full

Scholastica Schenk

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hughlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>Sept.</i>	Day <i>14</i>	Age <i>85</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Nicholaus Schenk</i>				
Father's Name <i>Bernhard Haut</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Rosina Maier</i>	Mother's Birthplace <i>Germany</i>				
Name of parson giving information <i>Eugen Schenk</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Schizoid Personality</i>	How long <i>—</i>
Immediate	<i>Cardiac Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes.</i>	Signature of Physician <i>Dr. J. A. Glantz</i>
		Address <i>41 Eastern Ave.</i>
Accident or Suicide? <i>1</i>		

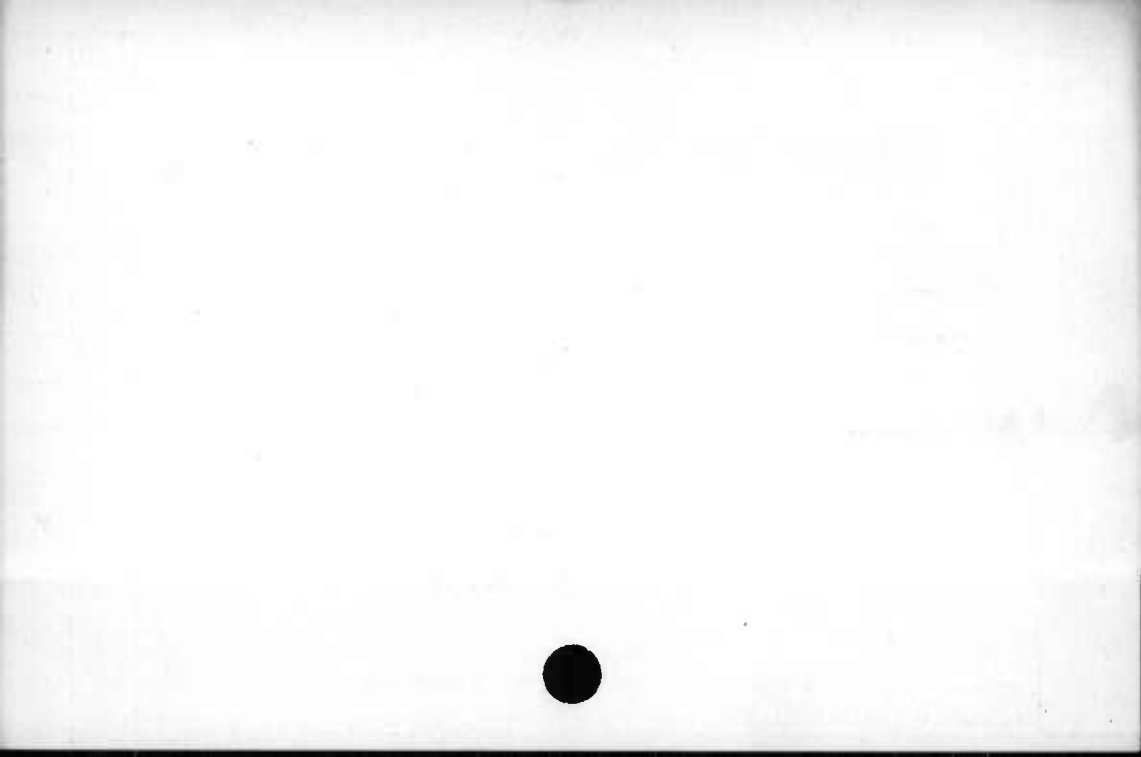
Sacred Heart Cemetery

Sept. 17<sup>th</sup> 1906

Germanus Thane

Under the

Name in Full		Priscilla M. Schuepf				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		St Helena		Bolto		
		Date of death		1906	Sept	27	Age	1
		Sex		Female		Color or Race		white
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed				Name of Wife or Husband		
Father's Name		John G. Schuepf				Father's Birthplace		Bolto Co
Mother's Maiden Name		Mary Patten				Mother's Birthplace		Bolto City
Name of person giving information		Wm. Schuepf				How related to deceased		Uncle
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Eastro Enteritis		How long		1 week
		Immediate				How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. N. Atkey
						Address		#2, Hudson St
Accident or Suicide?								





Name  
in  
Full

Frederick Sellmann

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	<i>Sept.</i>	<i>15</i>	Age	<i>—</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind.</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>—</i>			
Father's Name	<i>Martin Sellmann</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Regina Mueller</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Regina Sellmann</i>			How related to deceased	<i>Mother.</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Warthoe</i>	How long	<i>5 da</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Jos. L. Prax md</i>
		Address	<i>3 and 40th</i>
			<i>Highlandtown</i>
Accident or Suicide?	<i>No</i>		

Sacred Heart Cemetery

Sept. 16 <sup>L</sup>/<sub>=</sub> 1906

Germanus France

Undertaker

Name  
in  
Full

Mrs M. Ada Sewage

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Catonsville		County		Baltimore		MARYLAND	
Date of death	1906	Month	Sept	Day	14	Age	30 yr	Months	Days
Sex	Female		Color or Race	White		Birth-place	America		
Occupation						Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband						
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information						How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute mania	How long	about a week
Immediate	Exhaustion from acute mania	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. R. White M. D.	
		Address	
		Catonsville	
		Md	
Accident or Suicide?			

E Madison Mitchell  
Baltimore Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Elizabeth H. Shorty</i>		Town <i>White Marsh</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>White Marsh</i>		Month <i>9</i>		Day <i>1</i>		Years <i>1906</i>	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>1</i>		Age <i>26</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>—</i>	
Occupation <i>House Keeper</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Smith</i>		Father's Birthplace <i>Germany</i>					
Mother's Name <i>Elizabeth Smith</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>George Smith</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	(14)	How long <i>7 weeks</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John M. Harrison</i>	Address <i>Middle River, Baltimore, Md.</i>
Accident or Suicide? <i>No</i>		

Intermont Canyon Chapel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	<i>Sep.</i> <sup>Month</sup>	<i>11</i> <sup>Day</sup>	Age <i>44</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>21</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Stationary Engineer</i>	Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Virginia Shure</i>				
Father's Name <i>John Shure</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Edna Fisher</i>	Name of person giving information <i>Virginia Shure</i>		How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterio Insufficiency</i>	How long <i>6 mos.</i>
Immediate <i>Asthma</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. C. Thieme M.D.</i>
	Address <i>1135 Highland Ave</i>
Accident or Suicide? <i>No.</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Grange* Town*Balto.* CountyDate of death *1906 Sept.*

Month

Day

Age *8* Years

Months

*2*

Days

*15*Sex *Male*Color or  
Race*colored*Birth-  
place*Balto city*

Occupation

Where Residing If not  
at place of death*Grange*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*\_\_\_\_\_*Father's  
Name*Thomas Sidney*Father's  
Birthplace*Va*Mother's  
Maiden Name*Matilda Sidney*Mother's  
Birthplace*Va*Name of person giving  
In formation*Matilda Sidney*How related  
to deceased*Mother*

## CAUSES OF DEATH

Primary

*Malaria.*

How long

*2 months*

Immediate

*diarrhoea*

How long

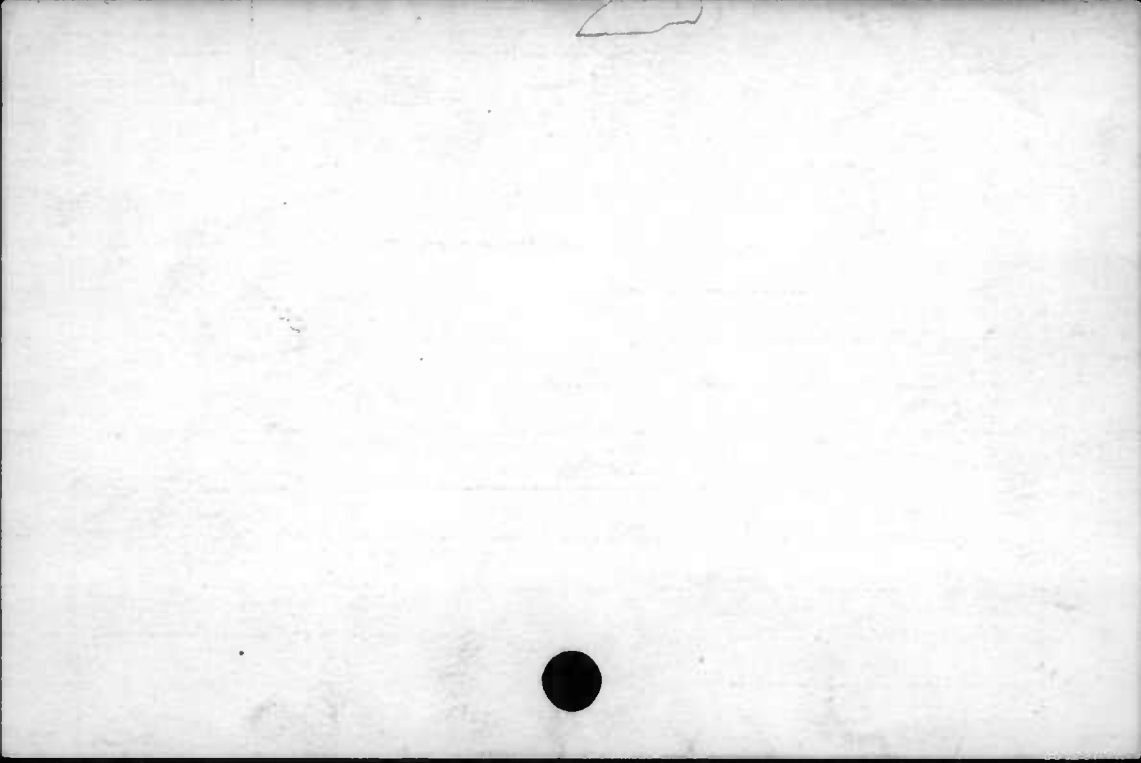
*1 month*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*P.A. Dunningan*

Address

*203 Fork Rd  
Berwyn*

Accident or Suicide?

*Natural*PHYSICIAN  
OR CORONER*P.A. Dunningan*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mrs. Marion E. Smith</i>		Town <i>Cockeysville</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Cockeysville</i>		Date of death <i>1906 Sept 19</i>		Age <i>20</i>		Months <i>7</i> Days <i>9</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Baltimore</i>			
Occupation <i>Cook</i>				Where Residing if not at place of death <i>Cockeysville Md</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>George Thomas</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Amin E. Smith</i>				Mother's Birthplace <i>St. Marys</i>			
Name of person giving information <i>Mrs Amin E Smith</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Puerperal Septicemia</i>	How long <i>19 days</i>
Immediate <i>Puerperal Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. J. B. Bensen</i>
	Address <i>Cockeysville Md</i>
Accident or Suicide? <i>No</i>	

Interment at foot  
Cemetery Cockeysville  
Sep 21<sup>st</sup>.

M. C. Brook

I neglected stating  
date on Card yesterday  
(Sep 19<sup>th</sup>)

Name

in  
Full

Myrtie J. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Highlandtown		<sup>County</sup> Balto.		MARYLAND	
Date of death	1906	Month	9	Day	5
Age	1	Years		Months	3
Sex	Female	Color or Race	White	Birth-place	Cecil Co.
Occupation	None	Where Residing if not at place of death #904 N. Clinton St.			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	James Smith			Father's Birthplace	Cecil Co.
Mother's Maiden Name	Mary E. Jackson			Mother's Birthplace	Cecil Co.
Name of person giving information	James Smith			How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cholera Infantum	How long	105	2 wks.
Immediate	Exhaustion	How long		--
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J. A. Glantz	
		Address	41 Eastern Ave. E.H.	
Accident or Suicide?				

J. Herwig & Son

Jackson Station Cecil Co.

9 / 7 / 06

Name  
in  
Full

Charles Harold Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Orangethille* <sup>County</sup> *Baltimore* **MARYLAND**

Date of death *1906* <sup>Month</sup> *Sept* <sup>Day</sup> *3* <sup>Age</sup> *—* <sup>Years</sup> *—* <sup>Months</sup> *—* <sup>Days</sup> *2 1/2*

Sex *male* Color or Race *W* Birth-place *Orangethille*

Occupation *—* Where Residing if not at place of death *"*

~~Married~~, Single or Widowed Name of Wife or Husband *—*

Father's Name *William H Snyder* Father's Birthplace *Pa*

Mother's Maiden Name *Mary F Francis* Mother's Birthplace *Indiana*

Name of person giving information *W. H. Snyder* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Asphyxia Pallida* *(152)* *Since birth*

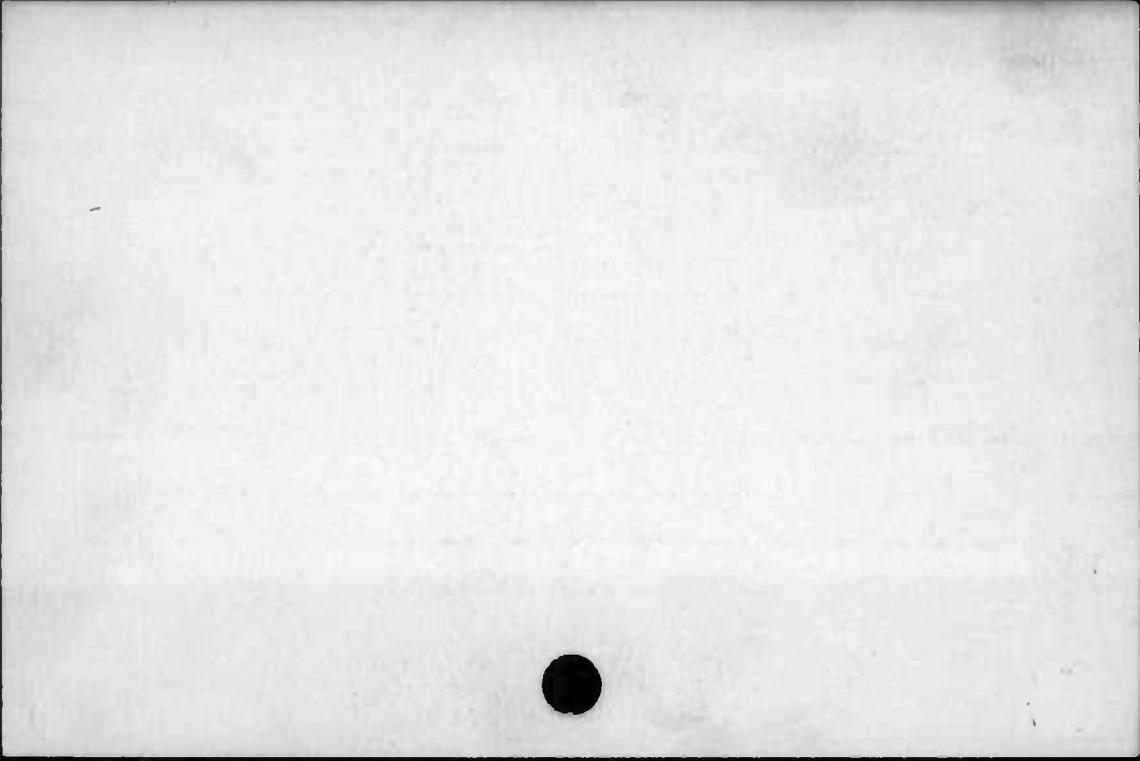
Immediate *Broken Compensation* *—*

Are the name, age, sex, color, date and place correctly given above? *No*

Signature of Physician *George Blunt Blades*

Address *14376 13th May*

Accident or Suicide? *—*





Name  
in  
Full

Mary G Snyder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1901		8 <sup>th</sup>		1 <sup>st</sup>	
Sex		Female		Color or Race		White	
Occupation				Where Residing if not at place of death		Dyersville	
Married, Single or Widowed		—		Name of Wife or Husband		—	
Father's Name		Ebridge Snyder		Father's Birthplace		Canoll co	
Mother's Maiden Name		Mannie Keck		Mother's Birthplace		Dyersville	
Name of person giving information		E. Snyder		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infantile Convulsion	How long	7 1/2 weeks
Immediate	Tetany	How long	same
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. C. Smith	
		Address	
		Woodlawn - St. Louis	
Accident or Suicide?			

Ridge Cemetery  
Jos B. Cook

Name  
in  
Full

Francis P Stevens

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Towson* County *Balto*

Died at *Sheppard & Church Protestant Hosp*

DATE of death 1906 Month *Sept* Day *16* Age *63* Months *11* Days *12*

Sex *M* Color or Race *Wh* Birth-place *Mass*

Occupation *Att'y at Law* Where Residing If not at place of death *Baltimore*

Married, Single or Widowed *Married* Name of Wife or Husband *Mrs Francis P.*

Father's Name *Daniel* Father's Birthplace *Mass*

Mother's Maiden Name *Martha Osgood* Mother's Birthplace *Mass*

Name of person giving information *E. A. Brunk* How related to deceased *Phys'n*

## CAUSES OF DEATH

Primary *Fatty Degeneration of Heart & Chronic Bright's* How long *19*

Immediate *Cardiac Paralysis* How long *Instantaneous*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. A. Brunk*

Address *Sheppard & Church Protestant Hosp*

Accident or Suicide? *No*

PHYSICIAN  
OR CORONER

Place of Burial  
Greenmount Cemetery

Stewart & Mowen Co  
Baltimore Md

Name  
in  
Full

Sarah Francis Stevens

CERTIFICATE OF DEATH

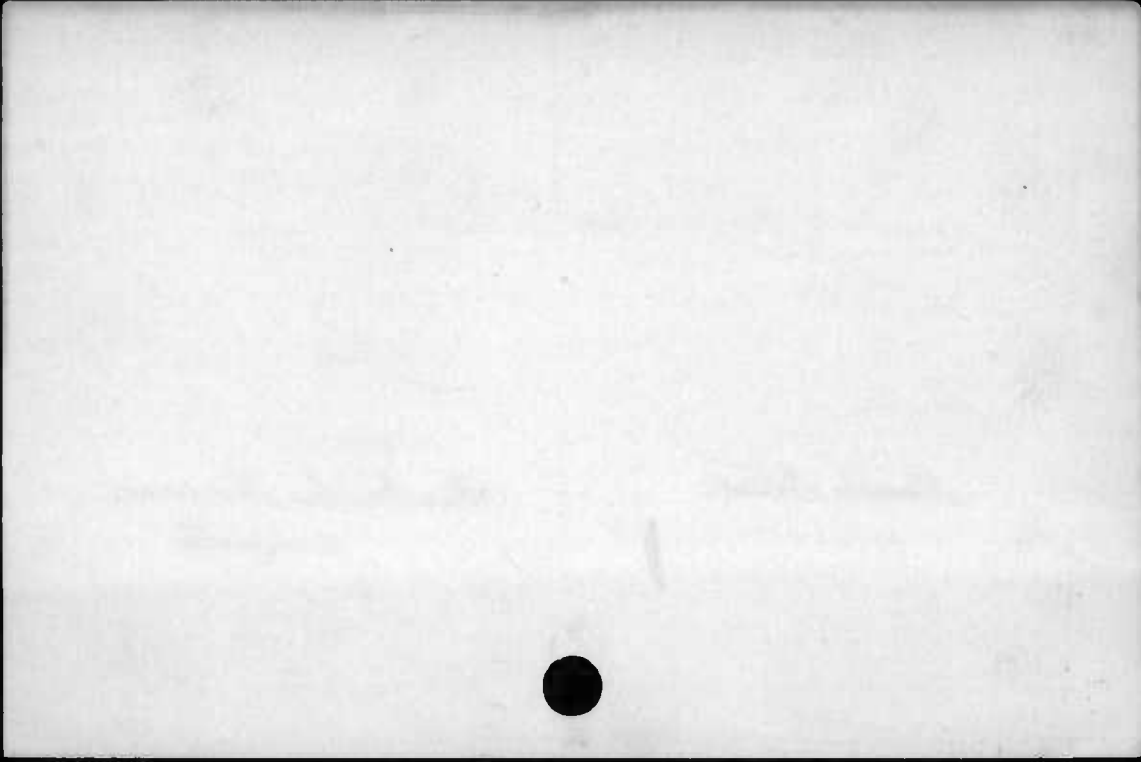
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonsville</i>			County <i>Baltimore City</i>			MARYLAND		
Date of death	1906	Month <i>September</i>	Day <i>19</i>	Age	<i>56</i>	Months <i>3</i>	Days <i>6</i>	
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Baltimore City</i>	
Occupation	<i>Housewife</i>			Where Residing if not at place of death		<i>Catonsville</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		<i>William G. Stevens</i>			
Father's Name	<i>Ethuan A. Wilson</i>					Father's Birthplace	<i>Frederick City</i>	
Mother's Maiden Name	<i>Mary E. Hart</i>					Mother's Birthplace	<i>Baltimore City</i>	
Name of person giving information	<i>William G. Stevens</i>					How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Sarcina pneumonia</i>	How long	<i>18 months</i>
Immediate	<i>Endocarditis General debility</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Dr. A. H. A. Meyer</i>
		Address	<i>1618 Madison Ave. Baltimore Md.</i>
Accident or Suicide?			



Name in Full

Moss Fredericka Stern

Certificate of Death

Died at <sup>Town</sup> *Hebbrill 2<sup>nd</sup> Dist.* <sup>County</sup> *Baltimore* MARYLAND

Date 1906 <sup>Month</sup> *Sept* <sup>Day</sup> *19* <sup>Y.</sup> *85* <sup>M.</sup> *5* <sup>D.</sup> *29* <sup>Native of</sup> *Germany* <sup>Occupation</sup> *housewife*

~~Male~~ <sup>White</sup> *White* <sup>Married</sup> *Married* <sup>Widow</sup> *Widow* <sup>Divorced</sup> *Divorced*

<sup>Female</sup> *Female* <sup>Colored</sup> *Colored* <sup>Single</sup> *Single* <sup>Widower</sup> *Widower* <sup>Number of children living</sup> *5*

~~Wife~~ of *Louis Stern*

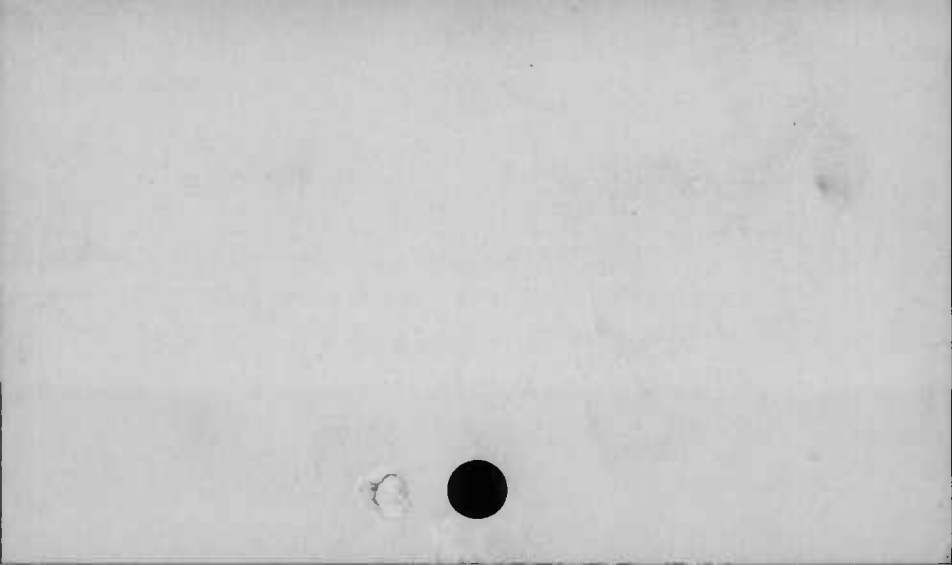
Father's Name *Louis Stern* Mother's Maiden Name *Fredericka Kummer*

Cause of Death { <sup>Primary</sup> *Senility* <sup>Immediate</sup> *Asthenia* <sup>How long sick</sup> *154* *2 months* <sup>Accident, Suicide, Homicide</sup> *Accident, Suicide, Homicide*

Reported by *W. B. Gambrell, M.D.*

Address *Alberton* *Howard Co. Md.*

*1* Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
FullOwen ~~Mc~~ Sweeney.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Calumet <sup>Town</sup> Baltimore <sup>County</sup>

Date of death 1906 <sup>Month</sup> Sept <sup>Day</sup> 8 <sup>Age</sup> — <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> —

Sex Male Color or Race W Birth-place Calumet

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Daniel Sweeney Father's Birthplace Limerick Ireland

Mother's Maiden Name Margaret O'Brien Mother's Birthplace "

Name of person giving information D Sweeney How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Failure of Foramen Ovale to close How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. J. M. Maffioletti  
Calumet, Md

Accident or Suicide?



Name  
in  
Full

Children of Geo. W. & Barbara Swope

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Highlandtown</u> <sup>Town</sup>		<u>Balto</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	9	Day	6
Age	Years		Months		Days
Sex	Males		Color or Race	White	
Occupation	—		Birth-place	Balto. Co.	
Where Residing if not at place of death			247 Lansing ave		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Geo. W. Swope		Father's Birthplace	
Mother's Maiden Name		Barbara Kutschenreuther		Mother's Birthplace	
Name of person giving information		Geo. W. Swope		How related to deceased	
				Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature Birth	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		yes.
Signature of Physician		Mrs Caroline Betz
Address		912 E. Lombard St. E.
Accident or Suicide?		

Hernig & Son  
St. Alphonse Lem.

9/2/06

Name  
in  
Full

Mary E. Tanner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rolland Park</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Sept-</i>	Day	<i>16</i>
Age		Years		Months	Days
<i>81</i>		<i>1</i>		<i>22</i>	
Sex	<i>Female</i>	Color or Race	<i>White</i>		
Birth-place	<i>Balto</i>				
Occupation	<i>Housewife</i>		Where Residing if not at place of death		
<i>Housewife</i>					
Married, Single or Widowed	Name of Wife or Husband <i>Benjamin Tanner</i>				
Father's Name	<i>Saml. Dryden</i>			Father's Birthplace	<i>Don't know</i>
Mother's Maiden Name	<i>Sabinas Crowder</i>			Mother's Birthplace	<i>Balto</i>
Name of person giving Information	<i>Florence Tanner</i>			How related to deceased	<i>daughter</i>

## CAUSES OF DEATH

PHYSICIAN  
CORONER

Primary	<i>General debility of aged</i>	How long	<i>6 mos</i>
Immediate	<i>Dilatation of Heart Collapse</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>Wm. H. Feddeman</i>		
Address	<i>800 1st - Cor</i>		
Accident or Suicide?			

Chas E French  
746 N Eutaw

to Greenmount Cem.

Name  
in  
Full

Kate Taylor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup> <i>Balto.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>8</i> <sup>Day</sup> <i>7</i> <sup>Years</sup> <i>62</i>	Months <i>-</i> Days <i>-</i>		
Sex <i>Female</i>	Color or Race <i>W.</i>	Birth-place <i>Wilmington</i> <sup>Del.</sup>	
Occupation <i>Housework</i>	Where Residing if not at place of death <i>237 Blairmont St.</i>		
Married, Single or Widowed <i>M.</i>	Name of <del>wife</del> or Husband <i>Chas. A. Taylor</i>		
Father's Name <i>-</i>	Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>	Mother's Birthplace <i>-</i>		
Name of person giving information <i>Chas. A. Taylor</i>	How related to deceased <i>Husband.</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>30 minutes</i>
Immediate <i>Paralysis of heart</i>	How long <i>30 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Schufeldt</i>
	Address <i>Highlandtown</i>
<del>Accident or Suicide?</del>	

Hernig & Son

Wilmington Del.

9/8/06



Name  
In  
Full

Lunga &amp; Thornton

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Shppard

Baltimore

Date

of death 1906

Month

Sep

Day

13

Age

Years

Months

3-

Days

14

Sex

Female

Color or  
Race

Col

Birth-  
place

Shppard

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Matthew Thornton

Father's  
Birthplace

Va

Mother's  
Maiden Name

Hattie J. Washington

Mother's  
BirthplaceName of person giving  
In formation

Father

How related  
to deceased

## CAUSES OF DEATH

Primary

Pneumonia

How long

93

Immediate

Convulsions

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

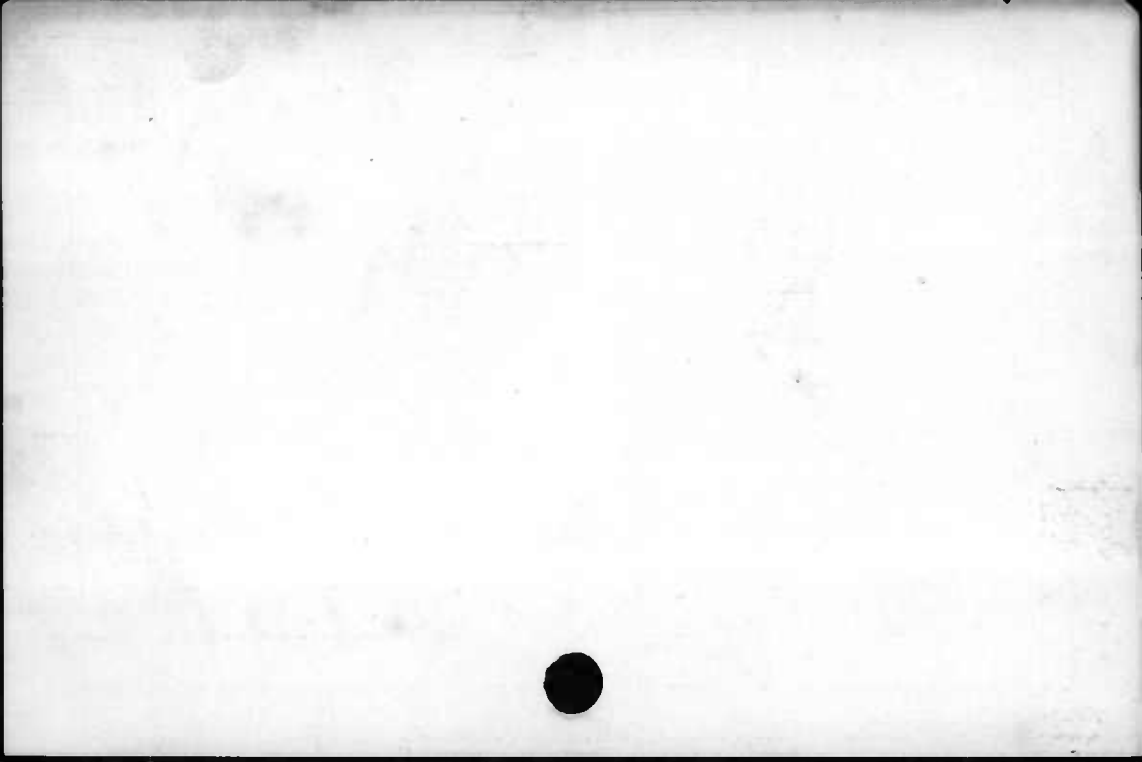
Signature of  
Physician

Address

J. I. Payne

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Infant Tobin</i>		Town <i>Loreley</i>		County <i>Baltimore</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>13</i>		Years <i>3 mths.</i>	
Date of death <i>1906</i>		Month <i>9</i>		Day <i>13</i>		Age <i>3 mths.</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>Loreley</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Harry Tobin</i>				Father's Birthplace <i>Harford co.</i>			
Mother's Name <i>Anna Tobin</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Harry Tobin</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>Six Days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. C. W. Gilbert</i>	
<i>yes</i>		Address <i>Loreley, Md</i>	
Accident or Suicide?			
<i>no</i>			

Interment Camp Chapel

Name  
in  
Full

August Tribull

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		North Point		Baltimore		MARYLAND						
Date of death		1906	Month	Sept.	Day	15	Age	41	Months		Days	
Sex		Male		Color or Race		White		Birth-place		Germany		
Occupation		Laborer		Where Residing if not at place of death								
Married, Single or Widowed		Married		Name of Wife or Husband		Pauline Tadevaski						
Father's Name		John Tribull		Father's Birthplace		Germany						
Mother's Maiden Name		Mary Ann Mosse		Mother's Birthplace		Germany						
Name of person giving information		Mary Marick		How related to deceased		sister						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(Phthisis) Tuberculosis of lungs	How long	2	At about 8 m or.	
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician		H. M. Cohen.
			Address		1607 E. Baltimore St. Balto. Md.
Accident or Suicide?					

Sacred Heart Cemetery

Sept. 19<sup>th</sup> 1906

Germanus Franer

Undertaker

Name in Full

Certificate of Death

Sarah Eliza Turner

Town

County

Died at

MARYLAND

Date 1906

Month

Day

Y.

M.

D.

Native of

Occupation

Priceville 9 29

Age

72

Maryland

Male

White

Married

Widow

~~Married~~

Female

Colored

Single

Widower

Number of children living

one

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Emphysema

Death

Immediate

Inflamation of Throat

How long sick

4 months

Accident, Suicide, Homicide

Reported by

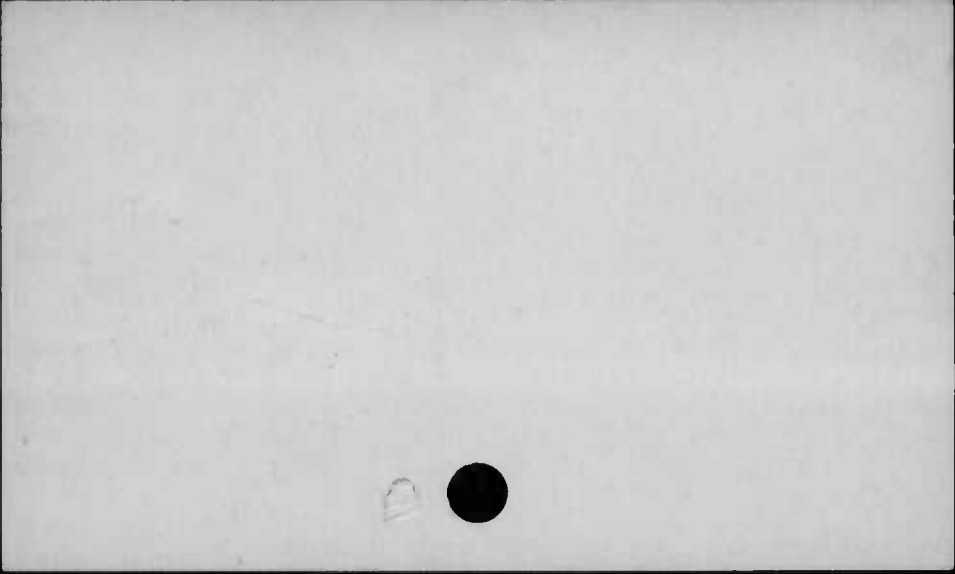
Address

B. W. Shumanthine M.D.

Glencoe Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 72292





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Name *John E Wake* Town *Tullerton* County *Baltimore Co* MARYLAND

Died at *Tullerton*

Date of death *1906* Month *Sept* Day *16* Age *80* Years Months *10* Days

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Sale Maker* Where Residing if not at place of death *Tullerton Md*

Married, ~~Single~~ *or Widowed* Name of Wife ~~Husband~~ *Mary E Wake*

Father's Name *Jhr A Wake* Father's Birthplace *Va*

Mother's Maiden Name *Margreth Carter* Mother's Birthplace *Va*

Name of person giving information *Mary E Wake* How related to deceased *Wife*

## CAUSES OF DEATH

Primary *Cerebral Hemorrhage* How long *Several hours*

Immediate *Failure of Vital Forces* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Lingard S Whiteford*

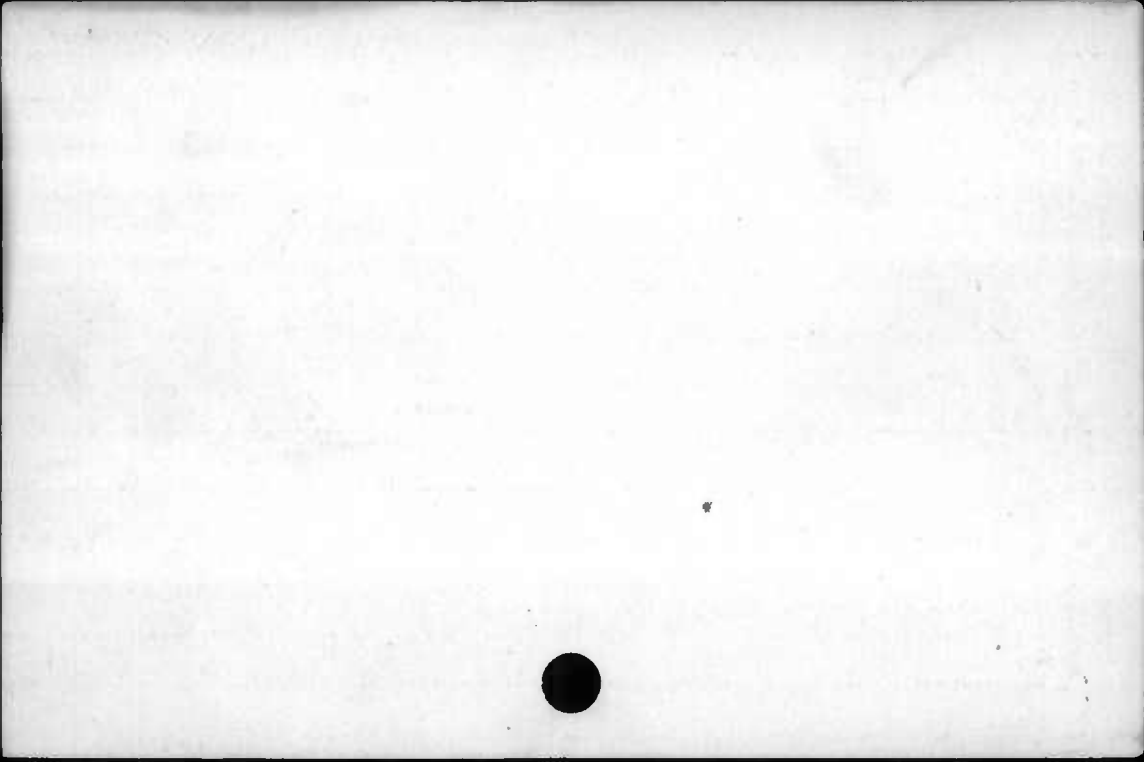
To best of my knowledge *Tullerton, Md*

Accident or Suicide?



Name in Full	Ellanora F. Walsh				CERTIFICATE OF DEATH			
	Town <i>Arlington</i>				County <i>Balto</i>			
	Died at				MARYLAND			
	Date of death	1906	Month	<i>Sept</i>	Day	<i>2nd</i>	Age	<i>5 mo.</i>
					Years		Months	<i>5</i>
							Days	<i>29</i>
	Sex	<i>Female</i>		Color or Race	<i>white</i>		Birth-place	<i>Arlington</i>
Occupation					Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband					
Father's Name	<i>Oliver F. Walsh</i>				Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Effie B. Brown</i>				Mother's Birthplace	<i>Ind</i>		
Name of person giving information	<i>Oliver F. Walsh</i>				How related to deceased	<i>Father</i>		

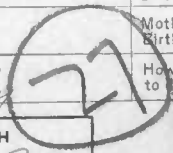
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Inanition</i>		How long	<i>8 weeks</i>
	Immediate	<i>Exhaustion</i>		How long	<i>2 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	<i>A. J. Barrett M.D.</i>
			Address	<i>1631 Madison. av Balto, Ind</i>	
	Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Agnes Hospital</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>1</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband					
Father's Name <i>Michael Flynn</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Bridget Hanly</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Rev. M. F. Foley</i>				How related to deceased <i>Nephew</i>			

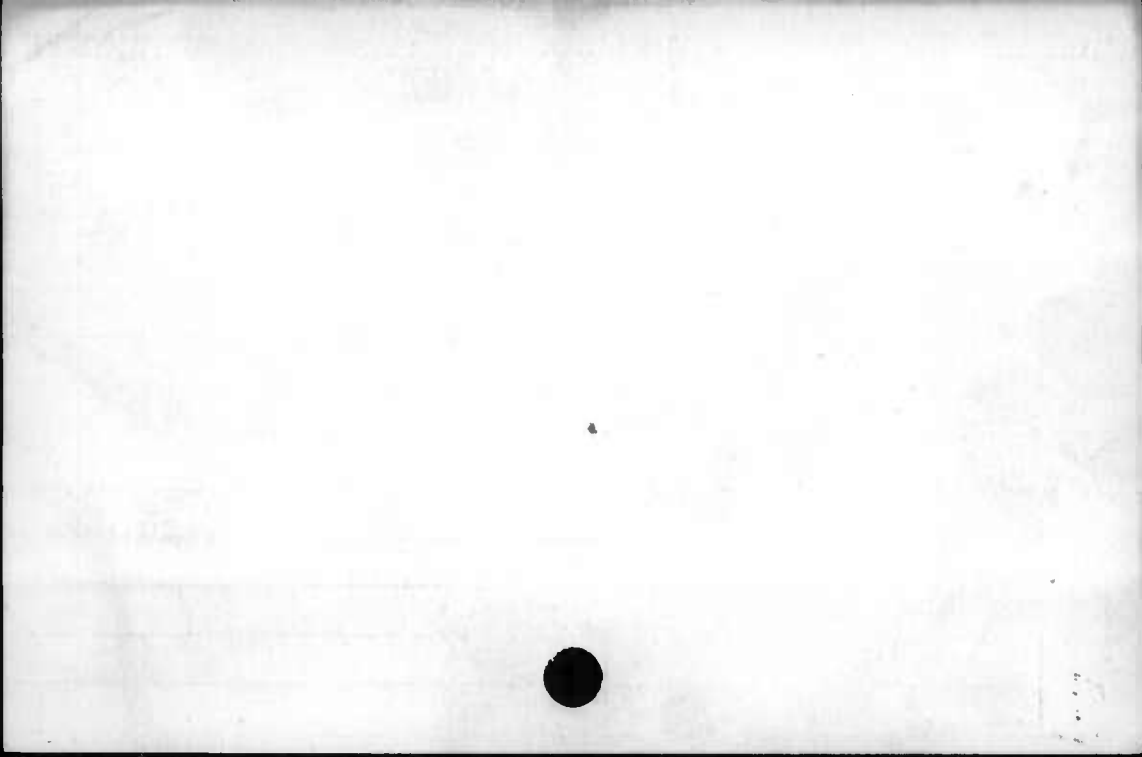
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Pulmonary Phthisis</i>	How long <i>Three years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. Sharr.</i>
	Address <i>St Agnes Hospital</i>
	<i>Calif.</i>
Accident or Suicide?	



Name in Full <i>James Othor White</i>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>James Station</i>		County <i>Beth. Co</i>		MARYLAND	
	Date of death <i>1906</i>	Month <i>Sept</i>	Day <i>15</i>	Years <i>28</i>	Months <i>.</i> Days <i>.</i>	
	Sex <i>Male</i>		Color or Race <i>Black</i>	Birth-place <i>Pa</i>		
	Occupation <i>Labourer</i>		Where Residing if not at place of death <i>James Station</i>			
	Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <i>—</i>			
	Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
	Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Harold Muddock</i>		How related to deceased <i>Son</i>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER <b>1</b>	Primary <i>Pneumonia</i>		How long <i>3 weeks</i>		<b>93</b>	
	Immediate <i>Heart Failure</i>		How long <i>3 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. H. Fowler</i>			
	Accident or Suicide?		Address <i>712 S. Sharp St</i>			





Name  
in  
Full

Ada Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>North Point Road</i>		Town <i>North Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Sept.</i>	Day <i>20</i>	Age	Years	Months	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>Va</i>				
Occupation <i>—</i>			Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dysentery</i>	How long <i>45 hours.</i>
Immediate <i>Exhaustion</i>	How long <i>2 1/2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. C. Ellwood M. D.</i>
	Address <i>Spencer Point</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

Infant not named Williams

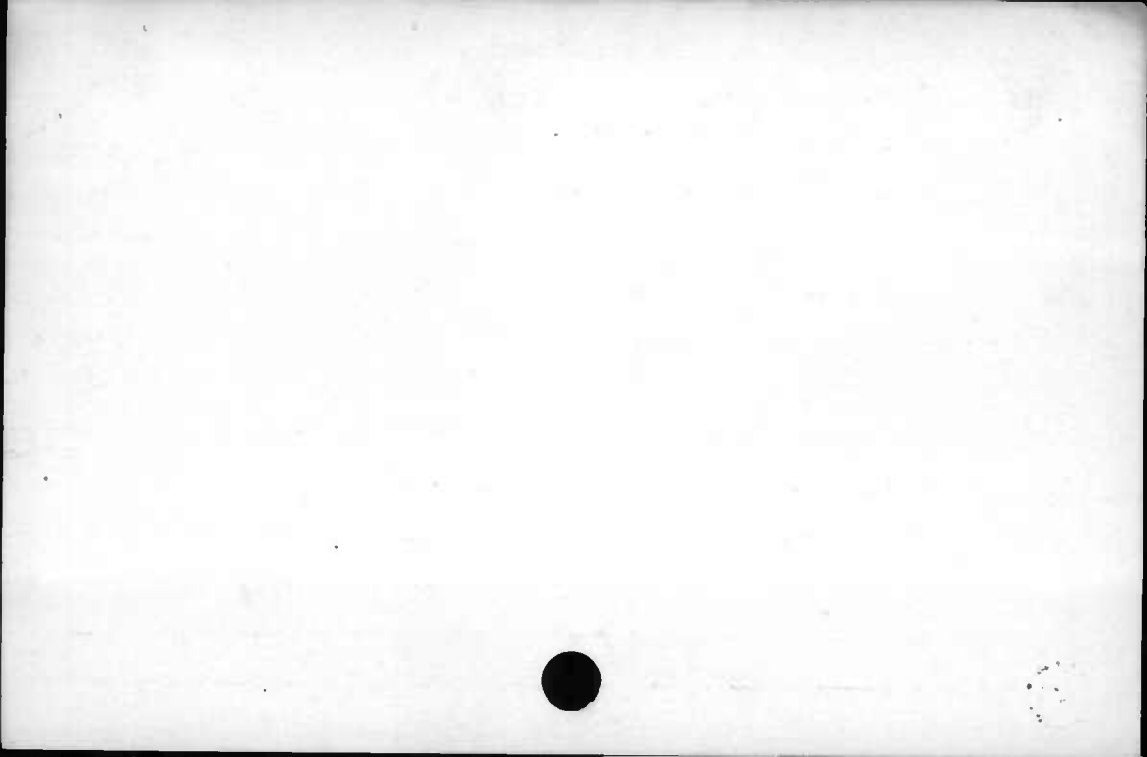
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Putrista</i>		County <i>Balls</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Sept	7				
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place <i>md.</i>			
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>				Name of Wife or Husband <i>✓</i>			
Father's Name <i>Yeter Williams</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Ellg May field</i>				Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Yeter Williams</i>				How related to deceased <i>father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>one week</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J F X Gorench</i>	
		Address	
		<i>Fox Md -</i>	
<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">1</div> Accident or Suicide?			



Name  
in  
Full

Mary Jane Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at ~~Baltimore~~ <sup>Town</sup> ~~Balto Co~~ <sup>County</sup>

Date of death 1906 Sept 3 Age 29 Months Days

Sex Female Color or Race Black Birthplace Virginia

Occupation General housework Domestic Where Residing if not at place of death Resided at place of death

Married, Single or Widowed Married Name of Wife or Husband Samuel Williams

Father's Name Colsey Hughes Father's Birthplace Virginia

Mother's Maiden Name none not known Mother's Birthplace Virginia

Name of person giving information Mrs W H Smoot How related to deceased Employer no relation

## CAUSES OF DEATH

Primary Tuberculosis How long eight months

Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Arthur Williams

Address Elk Ridge Maryland

Accident or Suicide? no

Geo. W. Little

---

Mr Auburn  
Carrington

Name In Full

Certificate of Death

Name *Alma May Styer*  
 Town *Shespend P.O.* County *Balts Co.* MARYLAND  
 Died *1986* Month *9* Day *23* Y. *11* M. *6* D. *Balts Co.* Native of *Balts Co.* Occupation  
 Date *1986* Male ☒ Female ☐ Married ☒ Single ☐ Widowed ☐ Divorced ☐ Number of children living *—*

Husband of *—*  
 Wife *—*  
 Father's Name *John E. Styer* Mother's Name *Bessie Emma Styer*  
 Cause of Death *Primary Typhoid Fever* *3 weeks* how long sick  
 Death *Immediate* *Magistrate* *1* Accident, Suicide, Homicide  
 Reported by *J. W. Fayer*  
 Address *Shespend P.O. Balts Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

### CERTIFICATE OF DEATH

## MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Philadelph* *Town* *Bald* *County*

Date of death	1906	Month	Sept.	Day	4	Years	Age	32	Months	9	Days	
---------------	------	-------	-------	-----	---	-------	-----	----	--------	---	------	--

Sex	male	Color or Race	Black	Birth-place	Philippines
-----	------	---------------	-------	-------------	-------------

Occupation	Where Residing if not at place of death
Labourer	

Married, Single or Widowed	Name of Wife or Husband	Jennie Morton
-------------------------------	----------------------------	---------------

Father's Name	Isaac Wright	Father's Birthplace	Philofois
---------------	--------------	---------------------	-----------

Mother's Maiden Name	Mother's Birthplace
-------------------------	------------------------

Name of person giving information	Daughter Collo	How related to deceased	Daughter
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### CAUSES OF DEATH

Primary *Carcinoma of Liver* *6 months*

Immediate	Dilation of heart	How long	2 days
-----------	-------------------	----------	--------

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician B. M. [Signature]

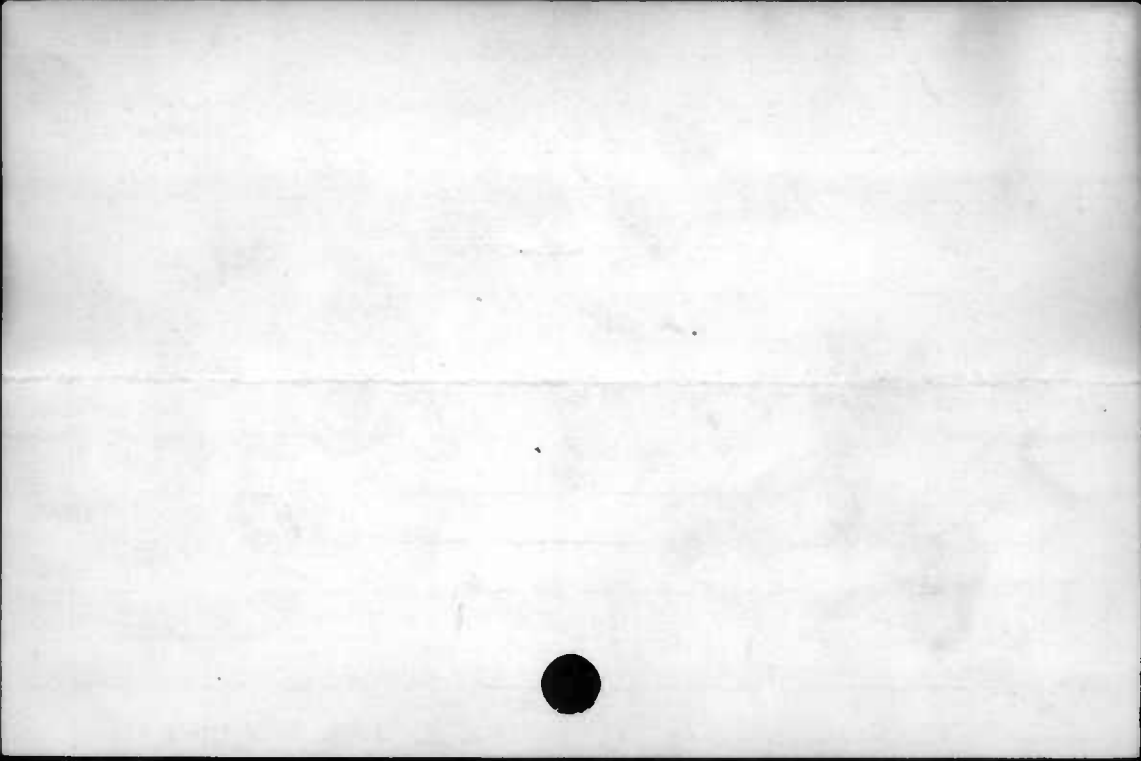
Signature of Physician B. M. L. Resman

Address Glenn

### Accident or Suicide?

Incl.

LIBRARY MUSEUM ARIZONA



Name

in

Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wt Hope</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Sept</i>	Day	<i>22<sup>nd</sup></i>
Age		<i>40</i>		Months	
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birthplace	<i>Balto Md</i>
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband <i>unknown</i>			
Father's Name	<i>unknown</i>			Father's Birthplace	<i>unknown</i>
Mother's Maiden Name	<i>LL</i>			Mother's Birthplace	<i>LL</i>
Name of person giving information	<i>Roe M. Spent Hope</i>			How related to deceased	<i>LL</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Leuitity</i>	How long	<i>abt 4 yrs</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank J. Flannery</i>	
		Address <i>Sub Registrar</i>	
Accident or Suicide?			

